

**FSBPT Resource Paper Regarding Dry Needling**  
**7<sup>th</sup> edition**

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**Federation of State Boards of Physical Therapy**

**December 2017**

*Original publication: March 8, 2010*

The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of practice for a physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

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# FSBPT Resource Paper Regarding Dry Needling

## Preface

Many boards have been approached to give an opinion as to the ability for physical therapists (PT) in that jurisdiction to legally perform dry needling. As each state is independent to determine its own laws and rules, board opinions and actions have varied widely creating inconsistent requirements for physical therapy practice from state to state. The Federation of State Boards of Physical Therapy (FSBPT) has published a resource paper on the topic of dry needling since 2010. This 7<sup>th</sup> edition contains changes from 2017.

## Introduction

It is not unusual for a state licensing board to be asked for an opinion as to whether or not an evaluative technique, treatment, or procedure is within the scope of practice for that given profession. It is as important to base regulation on evidence, when possible, as it is to base practice on evidence. The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of practice for the physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

The practice act in the state is the final authority on what is included in the scope of practice of a profession. Physical Therapy practice acts are by design non-specific and ambiguous; the details of the law are fleshed out with the applicable regulations. The practice act is rarely written with a laundry list of procedures, tests, or measures that a Physical Therapist is allowed to perform, thus making it very susceptible to different interpretations. The respective state board writes rules and regulations based on that statutory authority to give practical meaning to the law. As many specifics are not found in law, many state boards of PT have been approached for a judgment as to whether or not a certain intervention or procedure is within the scope of PT practice in that jurisdiction. New and evolving procedures are rarely, if ever, specifically addressed in the practice act.

State boards are often faced with opposition when another professional group claims the activity in question as their own. However, it is very clear that no single profession owns any procedure or intervention. Overlap among professions is expected and necessary for access to high quality care.

*One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.<sup>1</sup>*

FSBPT collaborated with five other healthcare regulatory organizations to publish ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. These organizations present the argument that if a profession can provide supportive evidence in the four foundational areas: Historical Basis, Education and Training,

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<sup>1</sup> ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. Revised 10/2009, page 9.

Evidence, and Regulatory Environment, then the proposed changes are likely to be in the public's best interest. A more developed investigation of the four foundational areas is found below.<sup>2</sup>

1. ***Is there a historical basis for adding the activity in question to the scope of practice?***
  - a. Has there been an evolution of the profession towards the addition of the new skill or service?
  - b. What is the evidence of this evolution?
  - c. How does the new skill or service fit within or enhance a current area of expertise?
2. ***Is there evidence of education and training which supports the addition of the activity in question to the scope of practice?***
  - a. Does current entry-level education prepare practitioners to perform this skill as their experience increases?
  - b. If the change in scope is an advanced skill that would not be tested on the entry-level licensure examination, how is competence in the new technique assured?
  - c. What competence measures are available and what is the validity of these measures?
  - d. Are there training programs within the profession for obtaining the new skill or technique?
  - e. Are standards and criteria established for these programs? Who develops these standards? How and by whom are these programs evaluated against these standards?
3. ***What is the evidence which supports the addition of the activity in question to the scope of practice?***
  - a. Is there evidence within the profession related to the particular procedures and skills involved in the changes in scope?
  - b. Is there evidence that the procedure or skill is beneficial to public health?
4. ***What is the regulatory environment in the jurisdiction?***
  - a. Is the regulatory board authorized to develop rules related to a changed or expanded scope?
  - b. Is the board able to determine the assessment mechanisms for determining if an individual professional is competent to perform the task?
  - c. Is the board able to determine the standards that training programs should be based on?
  - d. Does the board have sufficient authority to discipline any practitioner who performs the task or skill incorrectly or might likely harm a patient?
  - e. Have standards of practice been developed for the new task or skill?
  - f. How has the education, training and assessment within the profession expanded to include the knowledge base, skill set and judgments required to perform the tasks and skills?
  - g. What measures will be in place to assure competence?

## **Dry Needling: Terms & Definitions**

Dry needling use as an intervention in physical therapy has grown dramatically in the last few years, but overall, is still a relatively small part of physical therapy practice. With the increased interest in dry needling and more continuing education providers offering courses in dry needling, the acupuncture community has taken notice. Many comparisons of dry needling provided by physical therapists to the intervention and treatment provided by acupuncturists have been made.

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<sup>2</sup> Ibid, page 12-13.

Dry needling has also known as intramuscular manual therapy, trigger point dry needling, or intramuscular needling. Beginning in 2009, the American Physical Therapy Association had recommended the use of the term “intramuscular manual therapy” to describe the intervention provided by physical therapists, however since late 2011, the organization advocates using dry needling as the term of choice. FSBPT uses dry needling as the preferred term.

The term dry needling may be confusing and have different meanings depending upon the audience. In the past, “dry needling” was more of an adjective, referring to the fact that nothing was injected with the needle; the term has evolved into meaning an intervention which has certain physiological effects from the insertion and placement of the needles. However, many groups still debate the proper term and exact definition to describe this intervention.

Dry Needling (FSBPT) is defined in the **Analysis of Competencies for Dry Needling by Physical Therapists** paper prepared for the FSBPT by Human Resources Research Organization (HumRRO) as “*a skilled technique performed by a physical therapist using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.*”<sup>3</sup> HumRRO is a non-profit, social and behavioral science research and consulting firm dedicated to the measurement and improvement of human and organizational performance.

- Physical therapy is defined in the FSBPT **Model Practice Act for Physical Therapy** as “the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].”<sup>4</sup>
- Dry needling (APTA) is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.<sup>5</sup>

Acupuncture definitions vary widely. Acupuncture is defined in the Delaware and Florida statutes as follows:

“Acupuncture” refers to a form of health care, based on a theory of energetic physiology that describes and explains the interrelationship of the body organs or functions with an associated acupuncture point or combination of points located on “channels” or “meridians.” Acupuncture points shall include the classical points defined in authoritative acupuncture texts and special groupings of acupuncture points elicited using generally accepted diagnostic techniques of oriental medicine and selected for stimulation in accord with its principles and practices. Acupuncture points are stimulated in order to restore the normal function of the aforementioned organs or sets of functions. Acupuncture shall also include the ancillary techniques of oriental medicine including moxibustion, acupressure or other forms of manual meridian therapy and recommendations that include oriental dietary

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<sup>3</sup> Analysis of Competencies for Dry Needling by Physical Therapists. Human Resources Research Organization. July 2015.p. ii.

<sup>4</sup> The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change. p. 1.

<sup>5</sup> Description of Dry Needling in Clinical Practice: An Educational Resource Paper. American Physical Therapy Association. February 2013. p. 2.

therapy, supplements and lifestyle modifications according to the principles of oriental medicine.<sup>6</sup>

"Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.<sup>7</sup>

The Oregon statutory definition of the practice of acupuncture includes many treatment interventions such as therapeutic exercise, manual therapy techniques including massage, electrotherapeutic modalities, physical agents and mechanical modalities that are also found in the FSBPT's Model Practice Act and the American Physical Therapy Association's Guide to Physical Therapist Practice.<sup>8</sup>

*"Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.*

*(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:*

*(A) Traditional and modern techniques of diagnosis and evaluation;*

*(B) Oriental massage, exercise and related therapeutic methods;<sup>9</sup>*

*"Practice of physical therapy" means:*

*1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.*

*2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or*

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<sup>6</sup> Delaware State Code. TITLE 24 Professions and Occupations. CHAPTER 17 MEDICAL PRACTICE ACT. Subchapter X. Acupuncture Practitioners

<sup>7</sup> Florida State Code. Title XXXII Regulation of Professions and Occupations. Chapter 457 Acupuncture. 457.102

<sup>8</sup> Guide to Physical Therapist Practice. 2<sup>nd</sup> ed. Phys Ther. 2001, 81:9-744.

<sup>9</sup> Oregon Revised Statutes. Chapter 677 – Regulation of Medicine, Podiatry and Acupuncture. 677.757 Definitions. 2009.

*modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.*<sup>10</sup>

Although the FSBPT Model Practice Act does not specifically mention dry needling, there is nothing to specifically exclude the technique. The following section from the Model Practice Act would be relevant in the discussion regarding dry needling:

***Other procedures that might be addressed in rules are whether physical therapists can use certain machines and perform procedures such as electroneuromyography, needle EMG, dry needling, etc. that are not specifically addressed in the statutory language.***<sup>11</sup>

## **Competencies Required of Physical Therapists to Perform Dry Needling**

To provide its members with objective, professionally-developed guidance, FSBPT sponsored a practice analysis of the competencies required of physical therapists to perform dry needling. Competencies are measurable or observable knowledge, skills, and/or abilities an individual must possess to perform a job competently. FSBPT contracted with HumRRO to conduct the study in accordance with current best-practices in practice analysis procedures. As an independent contractor, HumRRO was instrumental in carrying out an objective, unbiased analysis.

The study concluded that more than four-fifths of what PTs need to know to be competent in dry needling is acquired during the course of their entry-level education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. Advanced or specialized training, almost solely related to the needling technique and the psychomotor skills, is required to make up the deficit. The full study may be found [here](#).

## **Legislative and Regulatory Decisions**

### **Dry Needling in the USA (As Of 12/2017)**

Allowed	34
Prohibited	11
Silent	6

States that allow dry needling are not permitting the intervention to be delegated to support personnel.

## **State Legislation**

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<sup>10</sup> The Model Practice Act for Physical Therapy. A Tool for Public Protection and Legislative Change. 4<sup>th</sup> edition. FSBPT. 2006.

<sup>11</sup> Model Practice Act for Physical Therapy, p. 59.



In May 2012, Georgia became the first state to introduce and pass a bill that added dry needling to the practice act of physical therapists. The Georgia State Board of Physical Therapy had ruled previous to the statute change that dry needling was in the scope of physical therapy practice. However, language in the acupuncture practice act was inserted that specifically states dry needling is a technique of the practice of acupuncture. As the practice of acupuncture is regulated in Georgia by the Georgia Medical Composite Board, and the Physical Therapy Board found that dry needling is appropriate in physical therapy, the Board of Physical Therapy and Medical Board met to discuss dry needling. The boards seemed to have found common ground as the Georgia Physical Therapy Association and the Physical Therapy Board introduced the bill and the Medical Board did not oppose. On April 19, 2011, the Georgia bill passed and was sent to the governor for signature. The governor signed the legislation into law; at that time no other state physical therapy practice acts specifically mentioned dry needling or intramuscular manual therapy. The Georgia practice act was updated in 2015 and the language regarding dry needling was revised requiring consultation with a physician prior to initiating dry needling treatments.

In 2014, 3 additional states passed legislation that specifically adds dry needling to the Practice Act of physical therapists. Utah added dry needling specifically into its practice act on 4/1/2014. The law requires PTs to meet additional education and training requirements and be licensed two years or more before they can do dry needling. In Arizona, SB 1154 was signed by the governor on 4/24/14 updating the PT practice act with a definition of dry needling and grounds for disciplinary action. . Delaware was the final state of the 2014 legislative session to include dry needling in the physical therapy practice act by passing HB 359 and securing the Governor's signature.

In the 2015 and 2016 legislative sessions, Tennessee and Kansas respectively added dry needling to the physical therapy practice act. In both of these states, the decision had been made previously that dry needling was not in the scope of practice of physical therapists. March 23, 2015 the Tennessee state legislature sent the bill including dry needling to Governor Haslam. The bill was signed to become Public Chapter No. 124 on April 9, 2015. Kansas has dry needling in its practice act as of May 13, 2016 when Governor Brownback signed the bill.

There is one state that specifically cannot allow dry needling based on its statute. Hawaii's practice act specifically prohibits physical therapists from puncturing the skin for any purpose. The Florida physical therapy practice act contains language (see bold below) which is confusing and ambiguous on the topic of dry needling. The law specifically excludes penetrating the skin in the performance of acupuncture, however since dry needling may be one tool utilized by acupuncturists, the law could be interpreted to mean PTs cannot perform dry needling. The Florida Physical Therapy Board has not yet taken up the issue of whether or not dry needling is allowed by PTs under the statute.

"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; **the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;**<sup>12</sup>

## Regulations

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<sup>12</sup> Florida Statute. Chapter 468. Physical Therapy Practice.

Multiple jurisdictions have finalized regulations permitting physical therapists to perform dry needling. See [Appendix A](#)

## **Board Policy/Interpretation**

### ***Maine***

In February 2016, the Board of Examiners responded to a physical therapist in Maine asking if dry needling is within the scope of practice for PT's in Maine. The Board responded that physical therapists could perform dry needling noting however that specific training requirements would not be developed. The PT is "individually responsible for obtaining and maintaining the necessary knowledge, skill, and competency to safely practice any area of their physical therapy practice."<sup>13</sup> The Board also noted that dry needling is distinct from acupuncture and the proper term to be used by PTs is dry needling.

Multiple jurisdictions have issued Board policy or an interpretation which permit physical therapists to perform dry needling. See [Appendix A](#).

## **Declaratory Opinions**

### ***Iowa***

In August 2015, the Iowa Acupuncture and Oriental Association (IAOMA) formally wrote to the Iowa Board of Physical and Occupational Therapy asking them to "legally define the practice of dry needling and restrict its use to those professions who are legally licensed to practice acupuncture and handle acupuncture needles."<sup>14</sup> IAOMA submitted 8 questions to the Board and very strongly asserted that physical therapists should not be performing dry needling.

The Board refused to answer questions 1-7 based on the fact that they were not "questions that are appropriately resolved by petitioning for a declaratory order."<sup>15</sup> The Board chose to answer question number 8 which was specific to whether or not dry needling is within the scope of physical therapy as defined by the Iowa Code. The Board determined by declaratory order that yes, dry needling is in the scope of practice of physical therapists.

## **Attorney General Opinions**

### ***Maryland***

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<sup>13</sup> Board of Examiners in Physical Therapy. Advisory Ruling No. 2016-01. June 17, 2016.

<sup>14</sup> Accessed 12/13/2016. Iowa Acupuncture and Oriental Association to the Iowa Board of Physical and Occupational Therapy. [http://www.iowaapta.org/documents/filelibrary/dry\\_needling/agenda\\_for\\_dry\\_needling\\_meeting\\_on\\_\\_BOBB1FD4A6499.pdf](http://www.iowaapta.org/documents/filelibrary/dry_needling/agenda_for_dry_needling_meeting_on__BOBB1FD4A6499.pdf)

<sup>15</sup> Iowa Board of Physical and Occupational Therapy, January 14, 2016. Accessed 12/13/2016.

<https://idph.iowa.gov/Portals/1/userfiles/26/PTOT/Ruling%20on%20Petition%20for%20Declaratory%20Order%20on%20Dry%20Needling.pdf>

In 1989, Maryland became the first jurisdiction to allow dry needling. However, after 20+ years of physical therapists performing dry needling in Maryland, in August 2010 the state acupuncture board requested an Attorney General (AG) opinion on two subjects:

1. whether or not dry needling falls within the definition of the practice of physical therapy; and
2. the appropriateness of the Board of Physical Therapy Examiners to include it in the scope of practice of PTs without legislation.

This opinion was requested in the absence of any specific complaint of harm being filed against any PTs with the licensing board. The Maryland AG reframed the critical question to being “whether dry needling falls within the scope of practice of physical therapy, regardless of whether it would also fall within the scope of practice of acupuncture.”<sup>16</sup> The AG’s opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the “Maryland Physical Therapy Board’s informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act.”<sup>17</sup> In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. After significant public input and negotiations the rules were finalized in the third quarter of 2014.

### ***Mississippi***

In 2012, the AG in Mississippi issued an opinion that stated the “Physical Therapy Board does have the authority to include IMT and dry needling in its scope by rule or regulation and that legislative approval or enactment is not required.”<sup>18</sup> Additionally, physical therapists performing dry needling in accordance with any regulation or interpretation by the Board of Physical Therapy would not be practicing acupuncture without a license.

### ***Kentucky***

In September 2013, the Kentucky Board of Physical Therapy received the results of an opinion requested of the AG by Kentucky Board of Medical Licensure. The AG found that dry needling is within the scope of practice of physical therapy with proper training. These results supported the Board’s policy decision that dry needling is within the scope of practice for physical therapists.

### ***Louisiana***

In the first quarter of 2014, the Louisiana State Board of Medical Examiners requested an AG opinion as to whether or not dry needling was within the scope of physical therapists. The PT Board, who had, through policy, previously allowed dry needling for physical therapists, formally opposed this request in May 2014 writing to the Louisiana AG that:

- Use of mechanical devices in PT treatment is lawful.
- The PT practice act encompasses invasive treatments.

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<sup>16</sup> Attorney General Opinion. State of Maryland, Office of the Attorney General. August 17, 2010.

<sup>17</sup> Ibid.

<sup>18</sup> Attorney General Opinion. State of Mississippi, Office of the Attorney General. September 10, 2012.

- Dry needling done by PT is not an unlawful practice of medicine.
- Healthcare professions share tools and treatment.
- The dry needling rule was promulgated within the confines of the PT practice act in a transparent process.<sup>19</sup>

In March 2015, the AG returned the opinion that the treatment of dry needling is within the scope of practice of physical therapy.

### ***Tennessee***

Another outside group requested an AG opinion in Tennessee the first half of 2014. The AG returned on 6/9/2014 with the opinion that dry needling is not in physical therapy's scope of practice. The opinion stated that "nothing in subdivision...clearly indicates legislative intent to include within the practice of physical therapy the invasive use of needles for therapeutic purposes."<sup>20</sup> Further, "dry needling's obvious similarity to acupuncture cannot be ignored, and physical therapists may not perform acupuncture, which is a branch of medicine."<sup>21</sup>

Tennessee successfully added dry needling to the physical therapist practice act in 2015 despite the AG opinion.

### ***Texas***

The Chairman of the Texas State Board of Acupuncture Examiners requested an opinion of the Attorney General of Texas after no resolution could be reached with the Executive Council Board of PT & OT Examiners as to whether dry needling is, or is not, within the scope of practice of a physical therapist.

The summary conclusion by the Attorney General was that "a court would likely conclude that the Board of Physical Therapy Examiners has authority to determine that trigger point dry needling is within the scope of practice of physical therapy." The AG Opinion was request in early November 2015. The final opinion was published May 9, 2016.

### ***Washington***

In April 2016, Representative Cody received an answer to her request for an AG opinion questioning whether the practice of dry needling falls within the scope of practice of a licensed physical therapist. The AG determined that the "statute that defines the practice of physical therapy allows a variety of interventions, but...the statute excludes dry needling from the practice of physical therapy."<sup>22</sup> Our conclusion is based solely on the law as currently written; it is not our role to weigh the policy benefits and drawbacks of authorizing physical therapists to engage in dry needling. The legislature, of course, could also expand the scope of physical therapy by amending the relevant statutes.

### ***Nebraska***

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<sup>19</sup> Letter from Louisiana Physical Therapy Board (Charlotte F. Martin, Executive Director) to Honorable James D "Buddy" Caldwell, Attorney General State of Louisiana. May 15, 2014.

<sup>20</sup> Attorney General Opinion. State of Tennessee, Office of the Attorney General. June 19, 2014.

<sup>21</sup> Ibid

<sup>22</sup> Attorney General Opinion. State of Washington, Office of the Attorney General. April 15, 2016. AGO 2016 No. 3

An AG opinion in July 2016 concluded that when evaluated in the context of the APTA or state Board definition of dry needling, a reasonable argument can be made that dry needling is a “mechanical modality” or a “physical agent or modality” thus falling in the statutory definition of physical therapy.<sup>23</sup>

### ***Oregon***

The AG opinion requested by the Physical Therapist Licensing Board found that the practice of dry needling is not within the scope of practice of a physical therapist licensed in Oregon. The conclusion of the AG was: “Although it is a close question...we conclude that dry needling is not within the physical therapy scope of practice in Oregon. This opinion is limited solely to the question whether dry needling is a “physical therapy intervention: under ORS 688.010(6)(b) and does not address or express any opinion about any other provision or intervention.”<sup>24</sup>

### ***New Jersey***

In February 2017, the AG of New Jersey determined that dry needling was not within the scope of practice of physical therapists. The AG did not feel that the definition of physical therapy supported the inclusion of dry needling. The AG written opinion advised “that under the current statute, physical therapists are not authorized to engage in dry needling or intramuscular stimulation.”<sup>25</sup> The AG opinion also stated that dry needling is not the practice of acupuncture and any complaints against PTs should be referred to the Board of Physical Therapy.

After the decision, there was a large patient and provider turnout at the public session of the Board of Physical Therapy meeting with concerns about the impact of the AG opinion. The Board confirmed its opinion that dry needling is in the scope of a properly trained licensed physical therapists and in response to the public outcry including concerns of patient abandonment and access to care, the Board determined that a grace period must be in effect to permit continuity of care until reasonable transfer of care could be made. During the grace period, duly trained and licensed PTs in New Jersey performing dry needling within appropriate clinical standards, will not be prosecuted by the board. The length of the grace period will be determined by the Board and the Division of Consumer Affairs.

## **Other State Attorney Opinions**

### ***Illinois***

In August 2010 a verbal opinion from the legal counsel in the Department of Professional Regulation stated that dry needling was not prohibited by the Illinois physical therapy practice act. In April 2014, an attorney in the same department issued a contrary informal opinion stating dry needling was NOT in the physical therapy scope of practice. In the opinion, the attorney expressed some concern that there were no specific standards of practice in place in the Illinois statute or regulations for PTs to perform dry needling. An additional rationale given for the opinion was noting that all current procedures listed in the physical therapy practice act are non-invasive and would then follow that invasive procedures would not be included. And, unlike the physical therapy practice act, the acupuncture practice act clearly defines the standards of practice to perform needle procedures.

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<sup>23</sup> Attorney General Opinion. State of Nebraska, Office of the Attorney General. July 8, 2016.

<sup>24</sup> Attorney General Opinion. State of Oregon, Department of Justice. General Counsel Division. May 19, 2017.

<sup>25</sup> Attorney General Opinion. State of New Jersey, Office of the Attorney General. February 9, 2017. Access <http://www.njaaom.net/resources/Documents/Dry%20Needling%20opinion%20-%20NJ%20AG%202.9.17.pdf>

The attorney did conclude however that the AG is the only office that may render official opinions regarding statutory interpretation. There is an ongoing debate on this topic and whether or not physical therapists are permitted to perform dry needling in Illinois at this time.

## **Court Cases**

### ***North Carolina***

In September 2015, the NC Acupuncture Licensing Board filed a lawsuit against the NC Board of Physical Therapy Examiners, arguing that dry needling by PTs is the unlawful practice of acupuncture. In early October, *Henry v North Carolina Acupuncture Licensing Board*, was filed as an antitrust case. The suit argued that the North Carolina Acupuncture Licensing Board (NCALB) was restraining trade by trying to restrict physical therapists from practicing dry needling.

Superior Court in NC dismissed the original case of the NC Acupuncture vs the PT Board in April 2016. The anti-trust case is ongoing.

### ***Iowa***

In August 2015, the IAOMA, filed for judicial review against the Iowa Physical and Occupational Therapy Board's declaratory order related to dry needling. A point made by the Court was "deference to the agency's findings is particularly important when, as here, the matters to be decided call for the exercise of judgment on a matter within the agency's expertise and knowledge."<sup>26</sup> The Iowa district court affirmed the decision by the Iowa PT Board and denied and dismissed the petition for judicial review. Read the entire opinion [here](#).

### ***Washington***

The Superior Court for King County issued a ruling on October 10, 2014 in which they determined PTs were not legally allowed to perform dry needling in the State of Washington. The PT Board has no declared position on PTs and dry needling.

As background, Kinetacore was holding a continuing education course regarding dry needling at a clinic in Washington. South Sound Acupuncture Association filed a lawsuit against the instructor from Kinetacore, the clinic where the class was held, and the PTs who attended the course alleging that those named in the suit were illegally practicing acupuncture in Washington and that participants who are not licensed to practice acupuncture or medicine pose a significant threat to public health.

### ***Wisconsin***

A Wisconsin District Court Ruling in February 2014 upheld physical therapists' ability to publish the rule allowing dry needling. In 2013, the Acupuncture Center, Inc. (Midwest College of Oriental Medicine) vs WI Physical Therapy Examining Board lawsuit demanded that the PT board publish a rule to prohibit dry needling by PTs. The case was found to have no validity and was dismissed. Although they threatened to do so, the representatives in this matter

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<sup>26</sup> Iowa District Court, CASE NO. CVCV051242 Accessed 12/13/16  
<https://idph.iowa.gov/Portals/1/userfiles/26/PTOT/Judge%20Decision%20Dry%20Needling.pdf>

do not have the authority to request an AG opinion in Wisconsin.

## Other

### Washington

In March of 2016, Senator Randi Becker, Chair of the Senate Health Care Committee requested the Department of Health (department) conduct a sunrise review of a proposal to add dry needling to the physical therapist scope of practice. In December 2016, the final Physical Therapy Dry Needling Sunrise Review was submitted to the legislature. The report stated that the sunrise criteria for increasing a profession's scope of practice was not met in the application *as submitted* (italics added). However, the report further found that:

- With adequate training that includes a clinical component, dry needling may fit within the physical therapist's scope of practice in treating neuromusculoskeletal pain and movement impairments.
- Evidence provided in this review demonstrates a low rate of serious adverse events from physical therapists performing dry needling in other states, the United States military, and Canada.<sup>27</sup>

The final conclusion was that the Washington legislature may consider legislation adding dry needling to the scope of practice of PTs with additional safety requirements as recommended in the report.

### Dry Needling Internationally

Dry needling is also accepted as being within the scope of physical therapy practice in many countries, including Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain, and the United Kingdom, among others.

### The Question of Acupuncture

Currently, some overlap exists between the physical therapy and acupuncture professions which can be demonstrated both in law and in practice. Physical therapists and acupuncturists both have a long history of treating myofascial pain and trigger points. Dry needling may be an intervention utilized by both professions to address these same problems. Dry needling is not the sole intervention, merely a tool used by both, as is acupressure.

Acupressure is another example of a shared intervention. Acupressure is a complementary medicine technique derived from acupuncture. In acupressure, physical pressure is applied to acupuncture points by the practitioner's hand, elbow, or with various devices. Clinically, physical therapists often utilize sustained, direct pressure for the relief of trigger points and pain.

The World Health Organization (WHO) has published a number of reports on acupuncture. Specifically, the report discussing traditional medicine refers to dry needling in acupuncture, but in context, the reference is comparing needling alone with needling in conjunction with complements such as laser, TENS, and electro-acupuncture.<sup>28</sup> The

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<sup>27</sup>Washington State Department of Health **Physical Therapy Dry Needling Sunrise Review**. . Pub No. 631-063. December 2016.

<sup>28</sup>**Report Second Consultation Meeting On Traditional And Modern Medicine: Harmonizing The Two Approaches**. World Health Organization. April 2004. P. 7.

WHO report is not describing dry needling in the same context as it is used as an intervention in a physical therapy treatment plan. Many of the World Health Organization's reports regarding acupuncture including "Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials," do not contain the term dry needling at all.<sup>29 30 31</sup>

In December 2010, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) authored a position paper on dry needling and distributed it to the state boards of physical therapy and acupuncture throughout the United States. The CCAOM has taken the position to affirm the history of dry needling as an acupuncture technique. The CCAOM asserts that dry needling, beyond the sole needling of trigger points, is the practice of acupuncture regardless of whether it is called dry needling or intramuscular manual therapy. State boards may want to explore this CCAOM paper further in order to familiarize themselves with counter-arguments to including dry needling in the scope of PT practice.

PTs using dry needling:

- do not and cannot claim to practice acupuncture,
- do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology,
- do not use acupuncture diagnosis like tongue and pulse
- do not use of energy flow or meridians
- do not use dry needling to address things such as fertility, smoking cessation, allergies, depression or other non-neuro-musculoskeletal conditions which are commonly treated with acupuncture

As demonstrated in the definition of the practice of acupuncture from the statutes earlier in the paper, needle techniques are only a piece of the acupuncturist's full scope of practice. It is not the specific individual procedures, but the totality of a scope which defines a profession. Acupuncturists and physical therapists continue to have unique scopes of practice even with the overlap of some of the treatment techniques. It is completely reasonable for the acupuncture profession to want to protect the title and term *acupuncturist* or *acupuncture* as much as physical therapy profession protects *physical therapist* and *physical therapy*. Qualified, competent physical therapists that perform dry needling should not hold themselves out as providing acupuncture services. Qualified, competent acupuncturists instructing a client in traditional, oriental exercise should not hold themselves out as a physical therapist. Protection of titles and terms are important from a public protection stand point in that people need to be clear as to the qualifications of their practitioner of choice as well as his/her profession.

Overall, an important distinction is that acupuncture is an entire discipline and profession where as dry needling is merely one technique which should be available to any professional with the appropriate background and training. When performed by physical therapists, dry needling is physical therapy. When performed by chiropractors, dry needling is chiropractics. When performed by acupuncturists, dry needling is acupuncture. The philosophy and goal of the treatment will vary based upon your entire professional discipline, training, and scope of practice. There are multiple examples of shared interventions in health care. The accepted premise must be that overlap occurs among professions. The question for the state board should only be whether or not dry needling is within

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<sup>29</sup> **Acupuncture: Review And Analysis Of Reports On Controlled Clinical Trials.** World Health Organization.

<sup>30</sup> **International Standard Terminologies on Traditional Medicine in the Western Pacific Region.** World Health Organization

<sup>31</sup> **Guidelines on Basic Training and Safety in Acupuncture.** World Health Organization. 1996.



the scope of practice of physical therapy, not determining whether it is part of the scope of practice of acupuncturists.

## Acupuncture Needles

Another group, the National Center for Acupuncture Safety and Integrity (NCASI) sent letters questioning the use of acupuncture needles by non-acupuncturists to FSBPT, APTA, and the Food and Drug Administration (FDA), online retailers of acupuncture equipment and boards of PT, Chiropractic, and Naturopathy (11/13/13). The group specifically questioned the legality of non-acupuncturists using of acupuncture needles and challenged board rulings allowing non-acupuncturists to use needles for dry needling. NCASI argued that specific requirements exist in statute under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §301 et seq. and the related regulations under the FDA. According to the group when a state board allows physical therapists (or others) to use these needles for dry needling, the use of the acupuncture needle is inconsistent with this statute and regulations. However, a legal analysis performed by FSBPT found that the allegation in the NCASI letter was without merit. The attorneys determined that in the FDA's regulations the state, not the FDA, determine who is a qualified practitioner to use acupuncture needles.

## Professional Associations

American Academy of Orthopedic Manual Physical Therapists: October 2009 position statement supporting intramuscular/dry needling as being within the scope of PT practice

- **Position:**

*It is the Position of the AAOMPT that dry needling is within the scope of physical therapist practice.*

- **Support Statement:**

*Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation<sup>32</sup>*

American Physical Therapy Association: In January 2012, APTA published an educational resource paper titled **Physical Therapists & the Performance of Dry Needling**. According to the paper, the document was meant to provide background information for state chapters, regulatory entities, and providers who are dealing with the issue of dry needling. In February 2013, APTA published a second paper regarding dry needling titled **Description of Dry Needling in Clinical Practice: an Educational Resource Paper**. Dry needling is included in the **Guide to Physical Therapist Practice 3.0**, manual therapy techniques for mobilization/manipulation, published August 1, 2014. Currently, there is no HOD or BOD policy on dry needling, however this is not unusual; there are no HOD or BOD policies at APTA on the ability of a physical therapist to perform any specific intervention.

American Medical Association: At the 2016 AMA Annual Meeting, delegates adopted this policy on dry needling:

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<sup>32</sup> <http://aaompt.org/members/statements.cfm>

*RESOLVED, That our American Medical Association recognize dry needling as an invasive procedure and maintain that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists. (New HOD Policy).*

## **Recommended Training Requirements for PTs to Perform Dry Needling**

FSBPT contracted with the Human Resources Research Organization (HumRRO) in early 2015 to conduct a practice analysis of the competencies required of physical therapists to perform dry needling. Competencies are measurable or observable knowledge, skills, and/or abilities an individual must possess to perform a job competently. FSBPT sponsored the study and requested that it be undertaken in accordance with current best-practices in practice analysis procedures in order to provide its members with objective, professionally-developed guidance. The practice analysis drew from multiple sources of information (i.e., extant literature on dry needling; licensed physical therapists; dry needling experts) to provide an authentic and accurate assessment of the knowledge, skills, and abilities needed to perform dry needling safely and effectively. As a non-profit, social and behavioral science research and consulting firm dedicated to the measurement and improvement of human and organizational performance and independent contractor, HumRRO was instrumental in carrying out an objective, unbiased analysis.

Practice analysis relies on the input and judgment of subject matter experts to provide an accurate assessment of the job tasks and competencies. The expertise regarding dry needling was drawn from seven individuals selected to participate based on their depth and breadth of experience and education in dry needling. Their years of professional experience performing dry needling ranged from five to fourteen. All participants were licensed PTs with a minimum of fourteen total years of experience in physical therapy and a maximum of 31. Five participants possessed Doctorate level degrees (i.e., DPT); one had a Master's level degree (i.e., MPT/MSPT), and one had a Bachelor's degree. All were actively practicing dry needling, and five were currently in an educational or training role (e.g., faculty, instructor) providing dry needling instruction in addition to their clinical employment as therapists. One was a full-time faculty member.

Because this report focused on the competencies required of the PT to perform dry needling, it is not appropriate to assume the same competencies would qualify a PTA to perform the treatment. Task differences between PTs and PTAs are partly related to the scope of educational curricula provided by accredited physical therapist assistant degree programs. Whereas assistants receive instruction in many of the same domains as PTs (e.g., anatomy and physiology, biomechanics, kinesiology, neuroscience, clinical pathology, behavioral sciences, communication, ethics/values), the depth and breadth of education and training is not equivalent. PTAs would need additional training beyond the supplemental education components identified that a PT requires to be competent in performing dry needling.

The conclusion of the analysis was that more than four-fifths of what PTs need to know to be competent in dry needling is acquired during the course of their entry-level education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities. Advanced or specialized training, almost solely related to the needling technique and the psychomotor skills, is required to make up the deficit. That report is available to the public at <https://www.fsbpt.org/FreeResources/RegulatoryResources/DryNeedlingCompetencies.aspx>

Currently, there are currently no consistent profession-wide standards/competencies defined for the performance of dry needling. Each state has defined what the requirements will be in that state. See [Appendix B](#) for state-by-state guidelines.

## Historical Basis and Education

Although for a different purpose, physical therapists have a historical basis for needle insertion with the practice of EMG and NCV testing. At this time, laws in 46 states would allow PTs to perform needle electromyography and nerve conduction velocity testing.<sup>33</sup> Although the language and requirements vary, California, Florida, Kentucky, Missouri, New Hampshire, Oklahoma, Pennsylvania, Washington, and West Virginia have specific protection in statute for physical therapists to perform EMGs. North Carolina and Texas utilize administrative rule to authorize PTs to perform EMGs. An opinion from the Kentucky board specifically addresses EMG by fine wire insertion and affirms that these tests are within the scope of a physical therapist.<sup>34</sup> South Carolina also has a statement regarding performance of needle EMG.<sup>35</sup> The law in Oklahoma specifically defines the practice of physical therapy to include invasive and noninvasive techniques.

*"Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy.<sup>36</sup>*

At this time, dry needling is not being taught in most entry-level physical therapy programs but more and more programs are adding introductory information to the curriculum. At minimum, Georgia State University, Mercer University, University of Delaware, University of St. Augustine for Health Sciences, and the Army physical therapy program at Baylor all teach at least an introduction to dry needling. Other universities including the Ola Grimsby Institute are considering adding dry needling to the curriculum of both the advanced and entry level educational programs. Dry needling is also included in the Mercer University physical therapy residency program.

Internationally, dry needling is being taught at many universities. In most educational programs for physical therapists, the needling technique is learned in conjunction with evaluation of the myofascial trigger points and used as a part of the patient's overall treatment plan.

The Commission on Accreditation in Physical Therapy Education (CAPTE) criteria requires the physical therapist professional curriculum to include content and learning experiences in the behavioral, biological and physical, and clinical sciences necessary for initial practice of the profession.<sup>37</sup> The entry-level curriculum must demonstrate inclusion of many topics which should provide a strong foundation to the understanding and performance of intramuscular manual therapy such as anatomy/cellular biology, physiology, neuroscience, pathology, pharmacology; study of systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neuromuscular; communication, ethics and values, teaching and learning, clinical reasoning, and evidence-based practice.

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<sup>33</sup> American Physical Therapy Association. State Affairs memorandum on review of EMG in the States.

<sup>34</sup> <http://www.pt.ky.gov/NR/rdonlyres/4D460291-23A1-43E3-AFF3-DEE7506DF149/0/Electromyography.pdf>

<sup>35</sup> <http://www.llr.state.sc.us/POL/PhysicalTherapy/index.asp?file=PT%20Positions/electro.htm>

<sup>36</sup> State Of Oklahoma Physical Therapy Practice Act. Title 59 O.S., Sections 887.2

<sup>37</sup> Commission on Accreditation in Physical Therapy Education. Accreditation Handbook. Effective January 1, 2006; revised 5/07, 10/07, 4/09 p. B28-B29.

Dry needling education purposefully does not include the basic tenets of acupuncture training such as Chinese medicine philosophy, meridians, qi, or diagnosis via tongue inspection, as the technique and its rationale have no basis in oriental medicine. Dry needling is based primarily on the work of Dr. Janet Travell, a pioneer in trigger point research and treatment. According to the World Health Organization's **Guidelines on Basic Training and Safety in Acupuncture**, the basic study of acupuncture should include:<sup>38</sup>

- Philosophy of traditional Chinese medicine, including but not limited to concepts of *yin-yang* and the five phases.
- Functions of *qi*, blood, mind, essence and body fluids, as well as their relationship to one another.
- Physiological and pathological manifestations of *zang-fu* (visceral organs) and their relationship to one another.
- Meridians and collaterals, their distribution and functions.
- Causes and mechanisms of illness.

Overwhelmingly, physical therapists are getting instruction in dry needling through continuing education.

## Dry Needling Evidence-based Practice

There are numerous scientific studies to support the use of dry needling for a variety of conditions.<sup>39</sup> Supporting textbooks include:

- Dommerholt J, Huijbregts PA, Myofascial trigger points: pathophysiology and evidence-informed diagnosis and management Boston: Jones & Bartlett 2011
- *The Gunn approach to the treatment of chronic pain*. Gunn, C.C., Second ed. 1997, New York: Churchill Livingstone.
- *Travell and Simons' myofascial pain and dysfunction; the trigger point manual*. Simons, D.G., J.G. Travell, and L.S. Simons, 2 ed. Vol. 1. 1999, Baltimore: Williams & Wilkins.

A literature search regarding intramuscular manual therapy or dry needling yields extensive results. Numerous research studies have been performed and published in a variety of sources. In addition to the references contained in this paper, the following is just a small sample:

- Dry Needling: a Literature Review with Implications for Clinical Practice Guidelines (Dunning et al, 2014) *Physical Therapy Reviews*, 19(4):252-265
- Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. 14(4): p. E70-E87.
- Lewit, K., *The needle effect in the relief of myofascial pain*. Pain, 1979. 6: p. 83-90.

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<sup>38</sup> **Guidelines on Basic Training and Safety in Acupuncture**. World Health Organization. 1996. Pages 7-8.

<sup>39</sup> Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. 14(4): p. E70-E87.

- Intramuscular Stimulation (IMS) - The Technique By: C. Chan Gunn, MD (<http://www.istop.org/papers/imspaper.pdf>)
- Dommerholt, J., *Dry needling in orthopedic physical therapy practice*. Orthop Phys Ther Practice, 2004. **16**(3): p. 15-20.
- Baldry, P.E., *Acupuncture, Trigger Points and Musculoskeletal Pain*. 2005, Edinburgh: Churchill Livingstone.
- Dommerholt, J. and R. Gerwin, D., *Neurophysiological effects of trigger point needling therapies*, in *Diagnosis and management of tension type and cervicogenic headache*, C. Fernández de las Peñas, L. Arendt-Nielsen, and R.D. Gerwin, Editors. 2010, Jones & Bartlett: Boston. p. 247-259.
- Simons, D.G. and J. Dommerholt, *Myofascial pain syndrome - trigger points*. J Musculoskeletal Pain, 2007. **15**(1): p. 63-79.
- Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, *Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration*. Spine 30(8): p. 944-963, 2005.
- White A, Foster NE, Cummings M, Barlas P, *Acupuncture treatment for chronic knee pain: a systematic review*. Rheumatology (Oxford) 46(3): p. 384-90, 2007.
- Chu, J., et al., *Electrical twitch obtaining intramuscular stimulation (ETOIMS) for myofascial pain syndrome in a football player*. Br J Sports Med, 2004. **38**(5): p. E25.

Typically the literature refers to dry needling or acupuncture, and in some cases specifically looks at the effectiveness of acupuncture and dry needling, suggesting indeed that a difference exists.<sup>40</sup> Overall, the literature suggests and supports dry needling/intramuscular manual therapy as a safe, effective, viable treatment option for patients.

Dry needling has been practiced by physical therapists for over 20 years with minimal numbers of adverse effects reported. The most common side effects include post-needling soreness and minor hematomas. The FSBPT's Examination, Licensure and Disciplinary Database (ELDD) has no entries in any jurisdiction of discipline for harm caused by dry needling performed by physical therapists.

Many American providers of dry needling, with multiple course providers in Europe, have established a physical therapy-only, voluntary, web-based registry in Switzerland for reporting adverse effects. This registry currently includes two reports of pneumothoraces, a severe autonomic response of one patient, but no other "severe" side effects.<sup>41</sup> The administrators of this registry admit that it is underutilized. Additionally, the literature does not report serious injury or harm from intramuscular needling performed by a physical therapist.

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<sup>40</sup> Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, *Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration*. Spine 30(8): p. 944-963, 2005.

<sup>41</sup> Dummerholt, J., Unpublished data. January 2010.

## Disciplinary History

The main purpose of the Federation's Examination, Licensure, and Disciplinary Database (ELDD) is to serve as an alert mechanism for physical therapy licensing boards. If a physical therapist or physical therapist assistant has been disciplined in a jurisdiction, as soon as FSBPT is aware of the action, the ELDD automatically pushes an alert to all other jurisdictions in which the therapist holds a license. FSBPT regularly receives reports from many of our member jurisdictions regarding disciplinary actions taken. Some jurisdictions experience barriers to reporting disciplinary actions to the Federation. Thus, FSBPT cannot guarantee that every disciplinary action from all 53 jurisdictions taken against physical therapists and physical therapist assistants is contained in the ELDD. However, FSBPT also independently searches out public records and databases to maintain the most complete record of disciplinary actions against licensed PTs and PTAs possible.

The instances of disciplinary action taken against physical therapists involved in the performance of dry needling is extremely low. For the five year period (2010-2015) 0.2% of the 1,987 disciplinary actions reported in the ELDD pertained to issues with performance of dry needling. In 2015, one instance of disciplinary action was taken against a physical therapist regarding dry needling. Of the total 257 initial basis for disciplinary actions entered into the ELDD between January 1, 2014-December 31, 2014, two were for incidents involving dry needling performed by physical therapists. Neither of the two instances describes any harm to the patient; however the therapists were disciplined for failing to meet appropriate standards of patient care in the performance of dry needling. One additional record exists in the ELDD referencing dry needling. In 2013, an action was taken against a PT for performing dry needling without the appropriate training and failure to document the procedure. Prior to 2013, there are no disciplinary actions involving dry needling recorded in the ELDD.

## Conclusion

Returning to the four tenets from *Changes in Healthcare Professions Scope of Practice: Legislative Considerations* on which to base scope of practice decisions and summarizing the information above, it appears that there is a historical basis, available education and training as well as an educational foundation in the CAPTE criteria, and supportive scientific evidence for including dry needling in the scope of practice of physical therapists. The education, training and assessment within the profession of physical therapy include the knowledge base and skill set required to perform the tasks and skills with sound judgment. It is also clear; however, that dry needling is not an entry-level skill and should require additional training.<sup>42 43</sup>

When considering the scope of practice decision, the regulatory environment in each jurisdiction will vary dramatically. However, recognizing that intramuscular manual therapy is not an entry-level skill, the jurisdictional

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<sup>42</sup> ACTIVITIES PERFORMED BY ENTRY-LEVEL PHYSICAL THERAPISTS IDENTIFIED DURING THE 2006 ANALYSIS OF PRACTICE. FSBPT. 2006-2007.

<sup>43</sup> Knapp, D, Russell, L, Byrum, C. and Waters, S. **Entry-Level Practice Analysis Update for Physical Therapist Licensure Examinations Offered by the FSBPT.** Human Resources Research Organization. February 14, 2007.

boards that are authorized to develop rules related to determining if an intervention is within scope of practice must determine the mechanisms for determining that a physical therapist is competent to perform the task. To ensure public protection the board should also have sufficient authority to discipline any practitioner who performs the task or skill without proper training, incorrectly, or in a manner that might likely harm a patient.

## Appendix A: States and Specific Dry Needling Statutes, Rules, or Policies

State	Y: Allows  N: Does not allow	Other Information
AK	Y	<p>April 24, 2012 letter to Alex Kay, PT regarding performance of dry needling.</p> <p><i>Paraphrase:</i> The board will not address specific treatment approaches by licensure; however, expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The PT will be held accountable for demonstrating this competence if there is ever a complaint.</p> <p>March 2014</p> <div style="background-color: #e1f5fe; padding: 5px;"> <p><u>Agenda Item 8 - Trigger Point Dry Needling</u></p> <p>The board discussed they have already stated their view on this topic and they will not respond to the mass mailing letter which was sent to all jurisdictions. The board is aware both the Federation of State Boards of Physical Therapy and the American Physical Therapy Association have responded to the letter.</p> <p>The board stands, in regard to performance of dry needling, the board will not address specific treatment approaches by licensure; however, they expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The physical therapist will be held accountable for demonstrating this competence if there is ever a complaint.</p> </div>
AL	Y	<p>Board minutes October 23, 2007:</p> <p>Dry Needling does fall within the scope of practice for physical therapy.</p>



State	Y: Allows  N: Does not allow	Other Information
AR	Y	<p>Board minutes May 28, 2009:</p> <p>Michael DuPriest, PT emailed asking if dry needling is within the scope of practice. This issue was discussed at the February meeting and the Board determined further information was needed. Additional information was received from Michael DuPriest but his question in the second email was regarding needle EMG. The Board determined previously that EMGs are within the scope of practice. Clarification was received from Michael DuPriest and the Board determined dry needling is within the scope of practice.</p> <p>Board minutes January 31, 2013:</p> <p>Dry Needling Resource Paper: The Board reviewed the 3<sup>rd</sup> edition dry needling resource paper from FSBPT and discussed the procedure. The Board determined this paper would be used for future inquiries regarding dry needling.</p> <p>From Board Exec Director email to Maribeth Decker at FSBPT (Nancy Worthen) dated 10/16/2-13The Board considers dry needling to be within the scope of practice for physical therapists but as with any other treatment they must have the appropriate skills and knowledge.</p>
AZ	Y	2014 Dry needling added to PT practice act
CA	N	
CO	Y	In rules
DC	Y	In rules
DE	Y	<p>2014 Dry needling added to PT practice act</p> <p>(10)a. "Practice of physical therapy" means:</p> <p>1. Examining, evaluating, and testing patients/clients who have impairments of body structure or function, activity limitations or participation restrictions in physical movement and mobility, or other health and movement related conditions in order to determine a physical therapy diagnosis, prognosis, and plan of treatment intervention, and to assess the ongoing</p>

State	Y: Allows  N: Does not allow	Other Information
		<p>effects of intervention; and</p> <p>2. Alleviating impairments of body structure or function, activity limitations or participation restrictions in physical movement</p> <p>and mobility by designing, implementing, and modifying treatment interventions that may include: therapeutic exercise, functional</p> <p>training related to physical movement and mobility in self-care and in home, community, or work integration or reintegration; gait</p> <p>and balance training; neurological re-education; vestibular training; manual, mechanical, and manipulative therapy, including soft</p> <p>tissue, musculoskeletal manipulation, and joint mobilization/manipulation; dry needling; therapeutic massage; the prescription,</p> <p>application, and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic protective and supportive devices and</p> <p>equipment; airway clearance techniques; integumentary protection and repair techniques; nonsurgical debridement and wound</p> <p>care; evaluative and therapeutic physical agents or modalities; mechanical and electrotherapeutic modalities; and patient related</p> <p>instruction; and</p> <p>3. Reducing the risk of impairments of body structure or function, activity limitations or participation restrictions in physical</p> <p>movement and mobility, including the promotion and maintenance of fitness, health, and wellness in populations of all ages; and</p> <p>4. Engaging in administration, consultation, education, telehealth, and research.</p> <p>b. Nothing in this chapter shall be construed to limit the practice of physical therapy by physical therapists as is currently being practiced or determined by the Board so long as such practice does not include surgery and the medical diagnosis of disease. Advanced services may require advanced training, as determined by</p>

State	Y: Allows  N: Does not allow	Other Information
		the Board's rules and regulations, to assure the licensee meets the accepted standard of care.
FL	N	<p>Florida physical therapy practice act contains language which specifically excludes penetrating the skin in the performance of acupuncture:</p> <p>"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;<sup>44</sup></p> <p>The board has not yet taken up the issue of whether or not dry needling is acupuncture. For now, this statute prohibits dry needling in Florida.</p>
GA	Y	<p>2011 Dry needling added to GA PT practice act; first state to have in statute</p> <p>The practice of physical therapy means:</p> <p>(A) Examining, evaluating, and testing patients and clients with mechanical, physiological, and developmental impairments, activity limitations, participation restrictions, and disabilities or other movement related conditions in order to determine a physical therapy diagnosis, prognosis, and plan of intervention and to assess the ongoing effects of intervention;</p> <p>(B) Alleviating impairments of body structure or function by designing, implementing, and modifying interventions to improve activity limitations or participation restrictions for the purpose of preventing or reducing the incidence and severity of physical disability, bodily malfunction, and pain;</p> <p>(C) Reducing the risk of injury, impairment, activity limitations, participation restrictions, and disability, including the promotion and maintenance of health, fitness, and wellness in populations of all ages;</p> <p>(D) Planning, administering, evaluating, and modifying intervention and instruction, including the use of physical measures, activities, and devices, including but not limited to dry needling for preventative and therapeutic purposes; and</p> <p>(E) Engaging in administration, consultation, education, teaching, research, telehealth, and the provision of instructional, consultative, educational, and other advisory services.</p>

<sup>44</sup> Florida Statute. Chapter 468. Physical Therapy Practice.

State	Y: Allows  N: Does not allow	Other Information
HI	N	Physical therapists, by statute, are not allowed to puncture the skin of a patient for any purpose
IA	Y	From 9/2010 Board of PT meeting minutes: In answer to a licensee's question regarding whether PTs may perform dry needling. Board determines that it does not appear to be prohibited.
ID	N	
IL	Y	Aug 2010 verbal opinion from the IL Dept. of professional regulation legal counsel that dry needling was not prohibited by the IL physical therapy practice act  2014 informal opinion that contradicts the above opinion. No clear resolution/decision at this time
IN	S	Claimed by some resources to have approved dry needling for PTs, minutes from Board meeting August 2012 state that "Indiana does not take a position on needling...The current statute is open and does not specifically state whether or not it is appropriate." Not prohibited, but not endorsed either.
KS	Y	Kansas Board of Healing Arts Board Minutes  Dry needling regulations were proposed by the Kansas Physical Therapy Advisory Council on 8/12/16. The regulations will go through a multistep process (Dept. of Administration, AG, public hearing, judicial and legislative review etc) with the goal of being enacted on Jan 1, 2017.
KY	Y	March 18, 2010  Opinion and Declaratory ruling regarding state law governing dry needling therapy by the Kentucky Board of Physical Therapy.  The board is of the opinion dry needling is within the scope of the practice of "physical therapy" as defined in Kentucky law by the General Assembly at KRS 327.010(1). Dry needling is a treatment used to improve neuromuscular function. As such it falls within the definition of physical therapy as defined under KRS 327:010 (1) "Physical therapy"  means the use of selected knowledge and skills ...invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular, and cardiopulmonary function, as it relates to physical therapy. There is nothing in KRS Chapter 327 to prohibit a licensed physical therapist from performing dry needling so long as

State	Y: Allows  N: Does not allow	Other Information
		<p>the physical therapist is competent in performing this intervention.</p> <p>While dry needling is within the scope of practice of physical therapy, a physical therapist must practice only those procedures that the physical therapist is competent to perform. The board can discipline a physical therapist for “engaging or permitting the performance of substandard patient care by himself or by persons working under their supervision due to a deliberate or negligent act or failure to act, regardless of whether actual injury to the patient is established.” KRS 327.070(2).</p>
LA	Y	AG opinion positive that dry needling is within the scope of practice
MD	Y	<ul style="list-style-type: none"> <li>• The Dry Needling Regulations promulgated the Maryland Board of Physical Therapy Examiners are effective as of June 19, 2017. This includes the Standards of Practices in Performing Dry Needling.</li> </ul> <p>The Minimum Education and Training Necessary to Perform Dry Needling has a one-year delayed effective date and will become effective June 19, 2018.</p>
ME	Y	
MI	N	<p>Informal advice was shared by the Attorney General's Office regarding the practice of "Dry Needling." Although the advice will need to be slightly revised, the outcome remains unchanged. Dry Needling is not within the scope of practice for physical therapists. Filler agreed to ask the Attorney General's Office to research the issue and report back to the Board.</p>
MS	Y	<p>Board Minutes 2/2012: The Mississippi State Board of Physical Therapy considers that intramuscular manual therapy techniques are within the physical therapist scope of practice and is in the process of developing more specific competence requirements.</p> <p>The Attorney General has affirmed that the MS Board of PT was acting within its power to determine that dry needling was within scope of practice of PT.</p>
MT	Y	<p>The Montana Board of Physical Therapy has determined that trigger point dry needling is within the scope of practice for physical therapists. The board has formed a committee to begin the process of setting rules for trigger point dry needling which met for the first time June 30, 2011 and the rules were finalized September 23, 2016</p> <p>(1) Dry needling is a skilled manual therapy technique performed by a physical therapist using a mechanical device, filiform needles, to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement</p>

State	Y: Allows  N: Does not allow	Other Information
		<p>impairments, and disability.</p> <p>(2) Dry needling requires a physical therapy examination and diagnosis.</p> <p>(3) Licensed physical therapists who perform dry needling must be able to demonstrate they have completed training in dry needling that must meet the American Physical Therapy Association (APTA) GUIDELINES: STANDARDS OF QUALITY FOR CONTINUING EDUCATION OFFERINGS BOD G11-03-22-69 and/or the Federation of State Boards of Physical Therapists (FSBPT) STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES.</p> <p>(a) Dry needling courses must include, but not be limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.</p> <p>(b) Initial training in dry needling must include hands-on training, written, and practical examination as required by this rule.</p> <p>(4) A licensed physical therapist must perform dry needling in a manner consistent with generally accepted standards of practice, including relevant standards of the Center for Disease Control and Prevention, and Occupational Safety and Health Administration blood borne pathogen standards as per 29 CFR 1910.1030 et seq.</p> <p>(5) Dry needling shall only be performed by a licensed physical therapist and may not be delegated.</p> <p>(6) The physical therapist performing dry needling must be able to provide written documentation, upon request by the board, which substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action.</p>
NH	Y	<p>PT Board MINUTES of October 19, 2011:</p> <p>PTs can do dry needling if they have been trained to do so.</p>
NJ	Y	<p>Sept 2009, Board of PT determined dry needling is within the scope of practice of PTs. Currently being looked at by the Division of Consumer Affairs which may alter the opinion. No written documentation</p>
NM	Y	<p>March 2000, In a letter dated March 21, 2000, the PT board determined that the PT Act does not prohibit dry needling and that Section 61-12D-3, Paragraph I, Number 2 describing the practice of physical therapy supports that decision.</p>
NC	Y	<p>In 2010, NC PT Board voted to reverse previous policy which did not allow dry needling by PTs. Dec 9, 2010 Board Position Statement.</p> <p>Position: Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that intramuscular manual therapy is within the scope of practice of physical therapists.</p>
ND	Y	<p>Board meeting May 13, 2013: The board voted to state that "Dry Needling" is within the scope of practice</p>

State	Y: Allows  N: Does not allow	Other Information
		for PT in North Dakota.
NE	Y	Within the Scope of Practice of PT  June 2011 board meeting minutes
NV	Y	Dry needling is within the SOP of PTs as ruled by NV Board of PT on March 20, 2012.  As of April 19, 2012, the PT board legal counsel is writing up the new board Policy on dry needling and once signed by Chairman, Kathy Sidener, dry needling will be permissible by PTs in NV.
NY	N	Early 1990s (1992?) and affirmed in 2007 NY State Board issued an opinion at the time that it was not an entry level skill and therefore could not be done.
OH	Y	In a letter dated January 5, 2007, the OH OT, PT, and ATC Board affirms the position of the PT Section of the board that nothing in the OH PT practice act prohibits a PT from performing dry needling. The letter goes on to read that the PT must demonstrate competency in the modality.
OR	N	AG opinion that dry needling is not in the scope of practice of physical therapists.
PA	N	PA PT board was advised by legal counsel that dry needling is not within the scope of practice of a PT
RI	Y	Feb 14, 2012 PT board minutes: Board members revisited the matter of dry needling for intramuscular therapy. A board member questioned if it pertained to other professions, including Acupuncturist. The board administrator related guidance from Atty. Tom Corrigan stating the use of a needle by one profession does not preclude a different profession from having a different use for a needle. Board members commented dry needling is within their scope of practice provided the licensed professional is comfortable trained and has appropriate background knowledge. For licensed physical therapists that are not qualified there are educational seminars they may sign up for and gain the required background and training.
SC	Y	In an email written in October 2004 in response to a licensee's question regarding scope of practice and dry needling, the Chairperson affirmed that dry needling appears to fall within the SOP of a licensed PT in SC if they are fully trained in its use and comply with all legal and ethical requirements for professional practice in physical therapy.
SD	N	The South Dakota Board of Medical and Osteopathic Examiners considers procedures involving the breaking or altering of human tissue for diagnostic, palliative or therapeutic medical purposes to be the practice of medicine. The board determines that dry needling is significantly different from

State	Y: Allows  N: Does not allow	Other Information
		<p>“electromyography (EMG)”, which the board previously opined was an activity within the scope of practice for a physical therapist.</p> <p>Decision:</p> <p>The South Dakota Board of Medical and Osteopathic Examiners determined that the procedure known as “dry needling” does not fall within the physical therapist scope of practice as defined in SDCL ch. 36-10.</p> <p>This opinion issued by the Board of Medical and Osteopathic Examiners is advisory in nature. It does not constitute an administrative rule or regulation and is intended solely to serve as a guideline for persons registered, licensed, or otherwise regulated by the Board of Medical and Osteopathic Examiners.</p>
TN	Y	<p>August 12, 2011- PT Board determined that DN was in scope for PTs overturning a previous policy that it was not within scope</p> <p>AG Opinion June 19, 2014 “physical therapists may not perform acupuncture, which is a branch of medicine.” Determined DN was in essence acupuncture thus nullifying Board’s opinion</p> <p>Legislation passed 2015 to add dry needling to practice act</p> <p>TN: SECTION 1. Tennessee Code Annotated, Section 63-13-103(15)(B), is amended by inserting the language "dry needling," between the language "agents or modalities," and "mechanical and".</p> <p><b>(B) Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions that include, but are not limited to, therapeutic exercise, manual therapy, therapeutic massage, assistive and adaptive equipment, prosthetic, protective and supportive equipment, airway clearance techniques, debridement, wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction:</b></p> <p>Regulation June 2016: 1150-01-.22 Dry Needling</p> <p>(1) In order to perform dry needling, a physical therapist must obtain all of the educational instruction described in paragraphs (2)(a) and (2)(b) herein. All such educational instruction must be obtained in person and may not be obtained online or through video conferencing.</p> <p>(2) Mandatory Training - Before performing dry needling, a practitioner must complete educational requirements in each of the following areas: SS-7039 (November 2014) 2 RDA 1693</p> <p>(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in physical therapy school:</p> <ol style="list-style-type: none"> <li>1. Musculoskeletal and Neuromuscular systems;</li> </ol>



State	Y: Allows  N: Does not allow	Other Information
		<p>2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;  3. Trigger Points;  4. Universal Precautions; and  (b) Twenty-four (24) hours of dry needling specific instruction.  1. The twenty-four (24) hours must include instruction in each of the following six (6) areas:  (i) Dry needling technique;  (ii) Dry needling indications and contraindications;  (iii) Documentation of dry needling;  (iv) Management of adverse effects;  (v) Practical psychomotor competency; and  (vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.</p> <p>2. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling.</p> <p>3. Each course must be pre-approved or approved by the Board or its consultant, or the Board may delegate the approval process to recognized health-related organizations or accredited physical therapy educational institutions.</p> <p>(3) A newly-licensed physical therapist shall not practice dry needling for at least one (1) year from the date of initial licensure, unless the practitioner can demonstrate compliance with paragraph (2) through his or her pre-licensure educational coursework.</p> <p>(4) Any physical therapist who obtained the requisite twenty-four (24) hours of instruction as described in paragraph (2)(b) in another state or country must provide the same documentation to the Board, as described in paragraph (2)(b), that is required of a course provider. The Board or its consultant must approve the practitioner's dry needling coursework before the therapist can practice dry needling in this state.</p> <p>(5) Dry needling may only be performed by a licensed physical therapist and may not be delegated to a physical therapist assistant or support personnel.</p> <p>(6) A physical therapist practicing dry needling must supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule.</p> <p>(7) All physical therapy patients receiving dry needling shall be provided with information from the patient's physical therapist that includes a definition and description of the practice of dry needling and a description of the risks, benefits, and potential side effects of dry needling.</p> <p>Authority: T.C.A. §§ 63-13-304 and 63-13-305.</p>
TX	Y	Texas Board of Physical Therapy Examiners letter dated 8/8/2014: "It is the opinion of the PT Board that the practice of trigger point dry needling is within the scope of practice of a Physical Therapist in the State of Texas."
UT	Y	2014 Dry needling added to PT practice act

State	Y: Allows  N: Does not allow	Other Information
		<p>: (15) "Therapeutic intervention" includes:</p> <ul style="list-style-type: none"> <li>(a) therapeutic exercise, with or without the use of a device;</li> <li>(b) functional training in self-care, as it relates to physical movement and mobility;</li> <li>(c) community or work integration, as it relates to physical movement and mobility;</li> <li>(d) manual therapy, including: <ul style="list-style-type: none"> <li>(i) soft tissue mobilization;</li> <li>(ii) therapeutic massage; or</li> <li>(iii) joint mobilization, as defined by the division, by rule;</li> </ul> </li> <li>(e) prescribing, applying, or fabricating an assistive, adaptive, orthotic, prosthetic, protective, or supportive device;</li> <li>(f) airway clearance techniques, including postural drainage;</li> <li>(g) integumentary protection and repair techniques;</li> <li>(h) wound debridement, cleansing, and dressing;</li> <li>(i) the application of a physical agent, including: <ul style="list-style-type: none"> <li>(i) light;</li> <li>(ii) heat;</li> <li>(iii) cold;</li> <li>(iv) water;</li> <li>(v) air;</li> <li>(vi) sound;</li> <li>(vii) compression;</li> <li>(viii) electricity; and</li> </ul> </li> </ul>

State	Y: Allows  N: Does not allow	Other Information
		<p>(ix) electromagnetic radiation;</p> <p>(j) mechanical or electrotherapeutic modalities;</p> <p>(k) positioning;</p> <p>(l) instructing or training a patient in locomotion or other functional activities, with or without an assistive device;</p> <p>(m) manual or mechanical traction;</p> <p>(n) correction of posture, body mechanics, or gait; and</p> <p>(o) trigger point dry needling, under the conditions described in Section 58-24b-505.</p>
VA	Y	Proposed Board regulations have been published for comment. <b>18VAC112-20. Regulations Governing the Practice of Physical Therapy (adding 18VAC112-20-121).</b>
VT	-	Reported by one resource that in February 2012, the Vermont Office of Professional Regulation issued a statement that dry needling is within the scope of physical therapy in that state. Unable to substantiate this claim.
WA	N	<p>October 10, 2014- Superior Court for King County issued a ruling stating dry needling was not in the scope of PT practice.</p> <p>2016 AG opinion dry needling not in scope of practice.</p> <p>2016 Sunset Review completed. Found additional safety requirements may justify putting dry needling in legislation adding to PT scope of practice.</p>
WI	Y	<p>BOARD MINUTES JULY 2009:</p> <p>BOARD DISCUSSION OF DRY NEEDLING</p> <p>Statute 448.50 (6) allows for “therapeutic intervention” within the scope of physical therapy. Larry Nosse discussed the use of dry needling as a therapeutic technique. This process uses sterile techniques, the surface skin is cleaned, it does not draw blood, and the physical therapists are trained in blood-body precautions. Mark Shropshire noted that the American Academy of Orthopedic and Manual Physical Therapists has made a position statement that dry needling is within the scope of practice of physical</p>

State	Y: Allows  N: Does not allow	Other Information
		<p>therapy. California, Nevada, Tennessee, and Florida do not allow this technique within the scope of practice within physical therapy because these states have language noting that PTs cannot puncture the skin.</p> <p>MOTION: Otto Cordero moved, seconded by Jane Stroede, that the board considers trigger point dry needling as within the scope of practice of physical therapy provided that the licensed physical therapist is properly educated and trained. Motion carried unanimously.</p> <p>May 29, 2014: favorable district court ruling re: dry needling, followed by a non-appeal</p>
WV	Y	<p>July 18, 2012: Opinion of the West Virginia Board of Physical Therapy Regarding Dry Needling Therapy: "In summary, the Board is of the opinion that dry needling is within the scope of the practice of "physical therapy" as defined by West Virginia Code 30-20-9."</p>
WY	Y	<p>In a letter dated Aug 18, 2009 the Wyoming Board of Physical Therapy affirmed that nothing in the current practice act would preclude PTs performing dry needling with proper credentials.</p> <p>Regulations effective January 25, 2016:</p> <p>Chapter 1, Section 4. Definitions. Unless specifically stated otherwise, the following definitions are applicable throughout this title: (f) "Dry needling" is a manual therapy technique that uses a filiform needle as mechanical device to treat conditions within the scope of physical therapy practice. It is based upon Western medical concepts, requires a physical therapy examination and physical therapy diagnosis, and treats specific anatomic entities. Dry needling does not include the stimulation of auricular or acupuncture meridians.</p> <p>Chapter 7, Section 3. Evidence of competence; dry needling. (a) Dry needling may not be performed by a PTA or physical therapy aide. (b) Licensed physical therapists shall demonstrate that they have received training in dry needling in a course approved by state boards of physical therapy, the American Physical Therapy Association or individual chapters of the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or the International Association for Continuing Education Training. (i) The course shall include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients. (ii) The course shall include a minimum of twenty-seven (27) hours of live face-to-face instruction. Online courses are not appropriate training in dry needling. (c) The physical therapist shall supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action taken by the Board.</p>

## Appendix B: Training Guidelines

STATE	TRAINING REQUIREMENTS
AZ	<p>R4-24-313. Professional Standards of Care and Training and Education Qualifications for Delivery of Dry Needling Skilled</p> <p style="text-align: center;"><b>Intervention</b></p> <p>A. Effective July 1, 2015 and in accordance with A.R.S. § 32-2044(25), a physical therapist shall meet the qualifications established in subsection (C) before providing the skilled intervention “dry needling”, as defined in A.R.S. § 32-2001(4).</p> <p>B. A physical therapist offering to provide or providing “dry needling” intervention shall provide documented proof of compliance with the qualifications listed in subsection (C) to the board within 30 days of completion of the course content in subsection (C) or within 30 days of initial licensure as a physical therapist in Arizona.</p> <p>C. Course content that meets the training and education qualifications for “dry needling” shall contain all of the following:</p> <ol style="list-style-type: none"> <li>1. The course content shall be approved by one or more of the following entities prior to the course(s) being completed by the physical therapist. <ol style="list-style-type: none"> <li>a. Commission On Accreditation In Physical Therapy Education,</li> <li>b. American Physical Therapy Association,</li> <li>c. State Chapters Of The American Physical Therapy Association,</li> <li>d. Specialty Groups Of The American Physical Therapy Association, or</li> <li>e. The Federation of State Boards Of Physical Therapy.</li> </ol> </li> <li>2. The course content shall include the following components of education and training: <ol style="list-style-type: none"> <li>a. Sterile needle procedures to include one of the following standards: <ol style="list-style-type: none"> <li>i. The U.S. Centers For Disease Control And Prevention, or</li> <li>ii. The U.S. Occupational Safety And Health Administration</li> </ol> </li> <li>b. Anatomical Review,</li> <li>c. Blood Borne Pathogens</li> <li>d. Contraindications and indications for “dry needling”,</li> </ol> </li> <li>3. The course content required in subsection (C) of this Section shall include, but is not limited to, passing of both a written examination and practical examination before completion of the course content. Practice application course content and examinations shall be done in person to meet the qualifications of subsection (C).</li> <li>4. The course content required in subsection (C) of this subsection shall total a minimum of 24 contact hours of education.</li> </ol> <p>D. The standard of care for the intervention “dry needling” includes, but is not limited to the following:</p> <ol style="list-style-type: none"> <li>1. “Dry needling” cannot be delegated to any assistive personnel. <ol style="list-style-type: none"> <li>g” is the same as required under R4-24-301.</li> </ol> </li> </ol> <p>3. Documentation of the intervention “dry needling” shall be done in accordance with R4-24-304.</p>
CO	<p><b>COLORADO PHYSICAL THERAPY LICENSURE RULES AND REGULATIONS</b></p> <p><b>4 CCR 732-1 RULE 11 - REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM DRY NEEDLING</b></p> <p>A. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose</p>

STATE	TRAINING REQUIREMENTS
	<p>and treat neuromuscular pain and functional movement deficits; is based upon Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points.</p> <p>B. Dry needling as defined pursuant to this rule is within the scope of practice of physical therapy.</p> <p>C. A physical therapist must have the knowledge, skill, ability, and documented competency to perform an act that is within the physical therapist's scope of practice.</p> <p>D. To be deemed competent to perform dry needling a physical therapist must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Documented successful completion of a dry needling course of study. The course must meet the following requirements: <ol style="list-style-type: none"> <li>a. A minimum of 46 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.</li> <li>b. Two years of practice as a licensed physical therapist prior to using the dry needling technique.</li> </ol> </li> </ol> <p>E. A provider of a dry needling course of study must meet the educational and clinical prerequisites as defined in this rule, D(1) (a) &amp;(b) and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a physical therapist.</p> <p>F. A physical therapist performing dry needling in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> <li>1. Risks and benefits of dry needling</li> <li>2. Physical therapist's level of education and training in dry needling</li> <li>3. The physical therapist will not stimulate any distal or auricular points during dry needling.</li> </ol> <p>H. When dry needling is performed this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p> <p>I. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> <p>J. Dry needling must be performed in a manner consistent with generally accepted standards of practice, including clean needle techniques, and standards of the center for communicable diseases.</p> <p>K. The physical therapist must be able to supply written documentation, upon request by the Director, which substantiates appropriate training as required by this rule. Failure to provide written documentation is a violation of this rule, and is prima facie evidence that the physical therapist is not</p>

STATE	TRAINING REQUIREMENTS
	<p>competent and not permitted to perform dry needling.</p> <p>L. This rule is intended to regulate and clarify the scope of practice for physical therapists.</p>
DC	<p><b>District of Columbia Municipal Regulations Title 17, Chapter 67, Physical Therapy</b></p> <p><b>6715 SCOPE OF PRACTICE</b> A physical therapist may also perform intramuscular manual therapy, which is also known as dry needling, if performed in conformance with the requirements of section 6716.</p> <p><b>6716 REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM INTRAMUSCULAR MANUAL THERAPY</b></p> <p>6716.1 Intramuscular manual therapy may be performed by a licensed physical therapist who meets the requirements of this section.</p> <p>6716.2 Intramuscular manual therapy shall be performed directly by the licensed physical therapist and shall not be delegated.</p> <p>6716.3 Intramuscular manual therapy shall be performed in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, and other applicable standards of the Centers for Disease Control and Prevention.</p> <p>07-01-11 16 Title 17 District of Columbia Municipal Regulations</p> <p>6716.4 Intramuscular manual therapy is an advanced procedure that requires specialized training. A physical therapist shall not perform intramuscular manual therapy in the District of Columbia unless he or she has documented proof of completing:</p> <p>(a) A board-approved professional training program on intramuscular manual therapy. The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program</p> <p>(b) A professional training program on intramuscular manual therapy accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program; or</p> <p>(c) Graduate or higher-level coursework in a CAPTE-approved educational program that included intramuscular manual therapy in the curriculum.</p> <p>6716.5 A physical therapist shall only perform intramuscular manual therapy following an examination and diagnosis, and for the purpose of treating specific anatomic entities selected according to physical signs.</p>

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	<p>6716.6 A physical therapist who performs intramuscular manual therapy shall obtain written informed consent from each patient who will receive intramuscular manual therapy before the physical therapist performs intramuscular manual therapy on the patient.</p> <p>6716.7 The informed consent form shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>(a) The patient’s signature;</li> <li>(b) The risks and benefits of intramuscular manual therapy;</li> <li>(c) The physical therapist’s level of education and training in intramuscular manual therapy; and</li> <li>(d) A clearly and conspicuously written statement that the patient is not receiving acupuncture.</li> </ul> <p>6716.8 A physical therapist who performs intramuscular manual therapy shall maintain a separate procedure note in the patient’s chart for each intramuscular manual therapy. The note shall indicate how the patient tolerated the intervention as well as the outcome after the intramuscular manual therapy.</p> <p>6716.9 A physical therapist who performs intramuscular manual therapy shall be required to produce documentation of meeting the requirements of this section immediately upon request by the board or an agent of the board.</p> <p>6716.10 Failure by a physical therapist to provide written documentation of meeting the training requirements of this section shall be deemed prima facie evidence that the physical therapist is not competent and not permitted to perform intramuscular manual therapy.</p>
DE	<p>15.4.2.6 Dry needling is an advanced procedure that requires specialized training. A Physical Therapist shall not perform dry needling in Delaware unless he or she has and maintains documented proof of completing a Board-approved training program on dry needling.</p> <p>15.4.2.6.1 The program shall be a minimum of 54 hours, which shall be completed within no more than two years;</p> <p>15.4.2.6.2 The Physical Therapist shall successfully complete the minimum passing criteria for the dry needling program; and</p> <p>15.4.2.6.3 The Physical Therapist shall only utilize the specific techniques for which he or she has demonstrated competency.</p> <p>15.4.3 Physical Therapists who are performing dry needling at the time of enactment of this regulation, and who have completed 25 hours of dry needling education, may continue to practice dry needling, upon submission of proof of experience and education to the Board. Such Physical Therapists shall complete the required 54 hours of education within two years after enactment of this regulation.</p>



STATE	TRAINING REQUIREMENTS
	<p>15.4.4 Board approved dry needling training program: A dry needling training program shall include the following to be eligible for Board approval:</p> <p>15.4.4.1 A dry needling training program shall require each trainee to demonstrate successful psychomotor and cognitive performance through practical and written examination.</p> <p>15.4.4.2 A dry needling program shall be attended in person by the Physical Therapist, shall not be attended online or through any other means of distance learning and shall not be a self-study program.</p> <p>15.4.4.3 The program curriculum shall include the following:</p> <p>15.4.4.3.1 History and current literature review of dry needling and evidence based practice;</p> <p>15.4.4.3.2 Pertinent anatomy and physiology;</p> <p>15.4.4.3.3 Choice and operation of supplies and equipment;</p> <p>15.4.4.3.4 Knowledge of technique including indications/contraindications and precautions for use;</p> <p>15.4.4.3.5 Proper technique of tissue penetration;</p> <p>15.4.4.3.6 Knowledge of hazards and complications;</p> <p>15.4.4.3.7 Safe practice guidelines and generally accepted standards of practice including clean needle techniques and OSHA's bloodborne pathogen standards;</p> <p>15.4.4.3.8 Post intervention care, including an adverse response or emergency;</p> <p>15.4.4.3.9 Documentation of successful completion of psychomotor and cognitive performance through practical and written examination; and</p> <p>15.4.4.3.10 Supervised training.</p> <p>15.4.4.3.11 The dry needling program, including the required supervised training, shall be taught by a Physical Therapist who meets the qualifications of Regulation 15.4.</p> <p>15.4.5 Scope of Practice</p> <p>15.4.5.1 A Physical Therapist may not perform dry needling on a patient until completion of at least 25 hours of education in a Board approved dry needling program.</p> <p>15.4.5.2 A Physical Therapist may not perform dry needling on high risk areas until completion of at least 54 hours of education in a Board approved dry needling program. As used in this regulation, high risk areas are the anterior cervical region, abdominal region, and the region directly over the ribs, unless the pincher technique is performed.</p>

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GA	<p><b>Rule 490-9-.05. Dry Needling</b></p> <p>Dry needling must be directly performed by a licensed physical therapist that is specifically trained and competent by virtue of education and training to perform dry needling. Online study for dry needling instruction is not considered appropriate training.</p> <p>(a) Effective September 1, 2012, physical therapists must meet the following requirements in order to perform dry needling: proof of education in the OSHA Blood Borne Pathogens Standard and at least one of the following:</p> <ol style="list-style-type: none"> <li>1. Graduation from an entry-level physical therapy program that included dry needling instruction consisting of a minimum of 50 hours total and competency assessment and achievement in its curriculum; or</li> <li>2. Graduation from a post-graduate credentialed residency or fellowship program of study that included dry needling instruction consisting of a minimum of 50 hours total and competency assessment and achievement in its curriculum; or</li> <li>3. Documented successful completion of a didactic dry needling course of study consisting of a minimum of 50 hours total and competency assessment and achievement in its curriculum.</li> </ol> <p>(b) Provided, however, that physical therapists who have at least two years of experience in the clinical practice of dry needling as of September 1, 2012, have until the end of the current biennium on December 31, 2013, to meet the requirements in subsection (a)(1)-(3), in order to perform dry needling.</p> <p><b>Cite as Ga. Comp. R. &amp; Regs. R. 490-9-.05</b></p> <p><b>Authority: O.C.G.A. Secs. <a href="#">43-1-19</a>, <a href="#">43-1-24</a>, <a href="#">43-1-25</a>, <a href="#">43-33-3</a>, <a href="#">43-33-10</a>, <a href="#">43-33-11</a> and <a href="#">43-33-18</a>.</b></p> <p><b>History.</b> Original Rule entitled "Dry Needling" adopted. F. Mar. 21, 2012; eff. Apr. 10, 2012.</p>
KS	<p><b>K.A.R. 100-29-18. Dry needling; education and practice requirements.</b> (a) Dry needling shall be performed only by a physical therapist who is competent by education and training to perform dry needling as specified in this regulation. Online study and self-study for dry needling instruction shall not be considered appropriate training.</p> <p>(b) Each physical therapist who does not obtain dry needling education and training as part of that individual's graduate or postgraduate education shall be required to successfully complete a dry needling course approved by the board in order to perform dry needling. Each dry needling course shall include a practical examination and a written examination.</p> <p>(c) Each dry needling course shall include the following components:</p> <ol style="list-style-type: none"> <li>(1) Anatomical review for safety and effectiveness;</li> <li>(2) indications and contraindications for dry needling;</li> <li>(3) evidence-based instruction on the theory of dry needling practice;</li> <li>(4) sterile needle procedures, which shall include the standards of one of the following: <ol style="list-style-type: none"> <li>(A) The U.S. centers for disease control and prevention; or</li> <li>(B) the U.S. occupational safety and health administration;</li> </ol> </li> <li>(5) blood-borne pathogens;</li> <li>(6) postintervention care, including an adverse response or emergency; and</li> <li>(7) an assessment of the physical therapist's dry needling technique and psychomotor skills.</li> </ol> <p>(d) Each dry needling course shall be taught by a licensed healthcare provider who meets the following requirements:</p>

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	<p>(1) Has a scope of practice that includes dry needling;</p> <p>(2) meets the regulatory minimum educational standard in that individual's respective state or jurisdiction;</p> <p>(3) has not been disciplined by any state or jurisdictional licensing agency for any act that would be a violation of the physical therapy practice act or the healing arts act; and</p> <p>(4) has performed dry needling for at least two years.</p> <p>(e) Each physical therapist taking a dry needling course shall be required to obtain a passing score on all written and practical examinations given in the dry needling course. Each physical therapist shall obtain a certificate or other documentation from the provider of the dry needling course specifying what anatomical regions were covered in the dry needling course and that the physical therapist passed all examinations.</p> <p>(f) Each dry needling course shall provide sufficient instruction to ensure that each student is able to demonstrate minimum adequate competency in the following:</p> <ol style="list-style-type: none"> <li>(1) Current dry needling techniques;</li> <li>(2) management of dry needling equipment and supplies;</li> <li>(3) accurate point selection;</li> <li>(4) accurate positioning of the patient and the education of the patient regarding the amount of movement allowed while needles are inserted;</li> <li>(5) supervision and monitoring of the patient during treatment;</li> <li>(6) communication with the patient, including informed consent; and Physical Therapy</li> <li>(7) clinically appropriate patient selection, including consideration of the following: <ol style="list-style-type: none"> <li>(A) The patient's contraindications for dry needling;</li> <li>(B) the patient's ability to understand the treatment and the expected outcome; and</li> <li>(C) the patient's ability to comply with treatment requirements.</li> </ol> </li> </ol> <p>(g) After completion of a board-approved dry needling course, each physical therapist shall be required to complete 200 patient treatment sessions of dry needling before taking each successive course in dry needling. Each physical therapist shall complete all foundation-level courses before proceeding to an advanced-level course.</p> <p>(h) Dry needling shall be performed solely for conditions that fall under the physical therapy scope of practice pursuant to K.S.A. 65-2901, and amendments thereto. Each physical therapist performing dry needling shall perform dry needling only in the anatomical region of training completed by the physical therapist. Each physical therapist who performs dry needling shall do so in a manner consistent with generally acceptable standards of practice.</p> <p>(i) A physical therapist shall not delegate dry needling. (Authorized by K.S.A. 2016 Supp. 65-2911 and 65-2923; implementing K.S.A. 2016 Supp. 65-2901; effective May 12, 2017.)</p> <p><b>K.A.R. 100-29-19. Dry needling; informed consent.</b> (a) Each physical therapist who performs dry needling shall obtain written informed consent from each patient before performing dry needling on the patient. A separate informed consent shall be required for each anatomical region treated by the physical therapist.</p> <p>(b) The informed consent shall include the following:</p> <ol style="list-style-type: none"> <li>(1) The patient's signature;</li> <li>(2) the risks and benefits of dry needling;</li> <li>(3) the diagnosis for which the physical therapist is performing dry needling;</li> <li>(4) each anatomical region of training completed by the physical therapist; and</li> <li>(5) a statement that the procedure being performed is dry needling as defined by the physical therapy practice act, K.S.A. 65-2901 and amendments thereto.</li> </ol> <p>(c) The informed consent shall be maintained in the patient's treatment record. (Authorized K.S.A. 2016 Supp. 65-2911; implementing K.S.A. 2016 Supp. 65-2901; effective May 12, 2017.)</p>

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	<p><b>K.A.R. 100-29-20. Dry needling; recordkeeping.</b> Each physical therapist who performs dry needling shall maintain a specific procedure note in each patient’s record for each dry needling session. The procedure note shall include the following for each session:</p> <ul style="list-style-type: none"> <li>(a) The anatomical region treated;</li> <li>(b) the manner in which the patient tolerated the treatment; and</li> <li>(c) the clinical outcome of the treatment. (Authorized by K.S.A. 2016 Supp. 65-2911; implementing K.S.A. 2016 Supp. 65-2901 and 65-2912; effective May 12, 2017.)</li> </ul> <p><b>K.A.R. 100-29-21. Dry needling; board requests for documentation.</b> Each physical therapist who performs dry needling shall be required to produce documentation demonstrating that the individual meets the requirements of K.A.R. 100-29-18, upon request by the board or a designee of the board. Failure of any physical therapist to provide this documentation shall be deemed prima facie evidence that the physical therapist has engaged in unprofessional conduct. (Authorized by K.S.A. 2016 Supp. 65-2911; implementing K.S.A. 2016 Supp. 65-2901 and 65-2912; effective May 12, 2017.)</p>
LA	<p><b>Subchapter B. General Provisions</b></p> <p><b>§123. Definitions</b></p> <p>A. As used in this Title, the following terms and phrases, defined in the practice act, La. R.S.37:2401–2424, shall have the meanings specified here.</p> <p>Dry Needling—a physical intervention which utilizes filiform needles to stimulate trigger points in a patient’s body for the treatment of neuromuscular pain and functional movement deficits. Dry Needling is based upon Western medical concepts and does not rely upon the meridians utilized in acupuncture and other Eastern practices. A physical therapy evaluation will indicate the location, intensity and persistence of neuromuscular pain or functional deficiencies in a physical therapy patient and the propriety for utilization of dry needling as a treatment intervention. Dry needling does not include the stimulation of auricular points.</p> <p><b>§311. Treatment with Dry Needling</b></p> <p>A. The purpose of this rule is to establish standards of practice, as authorized by La. R.S. 37:2405 A.(8), for the utilization of dry needling techniques, as defined in §123, in treating patients.</p> <p>B. Dry needling is a physical therapy treatment which requires specialized physical therapy education and training for the utilization of such techniques. Before undertaking dry needling education and training, a PT shall have no less than two years experience working as a licensed PT. Prior to utilizing dry needling techniques in patient treatment, a PT shall provide documentation to the executive director that he has successfully completed a board–approved course of study consisting of no fewer than 50 hours of face–to–face instruction in intramuscular dry needling treatment and safety. Online and other distance learning courses will not satisfy this requirement. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate</p>

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	<p>discipline by the board.</p> <p>C. In order to obtain board approval for courses of instruction in dry needling, sponsors must document that instructors utilized have had no less than two years experience utilizing such techniques. Instructors need not be physical therapists, but should be licensed or certified as a healthcare provider in the state of their residence.</p> <p>D. A written informed consent form shall be presented to a patient for whom dry needling is being considered, telling the patient of the potential risks and benefits of dry needling. A copy of a completed form shall be preserved in the patient treatment record and another copy given to the patient.</p> <p>E. Dry needling treatment shall be performed in a manner consistent with generally accepted standards of practice, including sterile needle procedures and the standards of the U.S. Centers for Disease Control and Prevention. Treatment notes shall document how the patient tolerated the technique and the outcome of treatments.</p>
MD	<p>.03 Minimum Education and Training Necessary to Perform Dry Needling.</p> <p>A. In order to perform dry needling, a physical therapist shall have at least 80 total hours of instruction, which includes:</p> <p>(1) A total of at least 40 hours of instruction in the following dry needling-specific course content areas:</p> <ul style="list-style-type: none"> <li>(a) Theory and application of dry needling;</li> <li>(b) Dry needling technique, including spine and extremities;</li> <li>(c) Dry needling indications and contraindications;</li> <li>(d) Infection control, the Occupational Safety and Health Administration’s Bloodborne Pathogen Protocol, and safe handling of needles;</li> <li>(e) Emergency preparedness and response procedures related to complications associated with dry needling; and</li> <li>(f) Appropriate documentation of dry needling; and</li> </ul> <p>(2) At least 40 hours of practical, hands-on instruction in the application and technique of dry needling, under the supervision of a licensed health care practitioner competent in dry needling procedures who has:</p> <ul style="list-style-type: none"> <li>(a) Completed the requisite course work under §A(1) of this regulation; and</li> <li>(b) Practiced dry needling for at least 5 years.</li> </ul>

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	<p>B. The instruction required under §A(1) of this regulation shall be provided by a continuing education course sponsored by the:</p> <ul style="list-style-type: none"> <li>(1) American Physical Therapy Association;</li> <li>(2) The APTA of Maryland; or</li> <li>(3) The Federation of State Boards of Physical Therapy.</li> </ul> <p>C. A continuing education course taken before June 19, 2018 shall qualify for instruction if the same course, in substantially similar form, is later sponsored by the American Physical Therapy Association, the APTA of Maryland, or the Federation of State Boards of Physical Therapy.</p> <p>D. All instruction required under this regulation shall include an assessment of competency.</p> <p>E. The instruction required under §A(1) of this regulation shall be offered:</p> <ul style="list-style-type: none"> <li>(1) In person at a face-to-face session; or</li> <li>(2) In real time through electronic means that allow for simultaneous interaction between the instructor and the participants.</li> </ul> <p>F. A physical therapist may not fulfill any portion of the practical, hands-on instruction required under §A(2) of this regulation with online or distance learning.</p> <p>G. A physical therapist shall have practiced physical therapy for at least 2 years before performing dry needling in the State.</p> <p>H. Registration.</p> <ul style="list-style-type: none"> <li>(1) A physical therapist shall be registered with the Board as having the appropriate education and training required by this regulation before the physical therapist may practice dry needling.</li> <li>(2) In order to be registered to practice dry needling, a physical therapist shall: <ul style="list-style-type: none"> <li>(a) Submit a completed application on a form supplied by the Board; and</li> <li>(b) Pay a registration fee as established by COMAR 10.38.07.</li> </ul> </li> </ul> <p>I. A physical therapist who practices dry needling without the education and training required by this regulation shall be subject to discipline pursuant to COMAR 10.38.10.04A(4).</p> <p>J. This regulation shall take effect June 19, 2018.</p>

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MS	<p>D. To be deemed competent to perform intramuscular manual therapy a physical therapist must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Documented successful completion of a intramuscular manual therapy course of study; online study is not considered appropriate training. <ol style="list-style-type: none"> <li>a. A minimum of 50 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.</li> <li>b. Three years of practice as a licensed physical therapist prior to using the intramuscular manual therapy technique.</li> </ol> </li> <li>2. The physical therapist must have board approved credentials for providing intramuscular manipulation which are on file with the board office prior to using the treatment technique.</li> </ol> <p>E. The provider of the required educational course does not need to be a physical therapist. A intramuscular manual therapy course of study must meet the educational and clinical prerequisites as defined in this rule, D(1)(a)&amp;(b) and demonstrate a minimum of two years of intramuscular manual therapy practice techniques.</p> <p>F. A physical therapist performing intramuscular manual therapy in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> <li>1. Risks and benefits of intramuscular manual therapy.</li> <li>2. Physical therapist's level of education and training in intramuscular manual therapy.</li> <li>3. The physical therapist will not stimulate any distal or auricular points during intramuscular manual therapy.</li> </ol> <p>G. When intramuscular manual therapy is performed, this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p> <p>H. Intramuscular manual therapy shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> <p>I. Intramuscular manual therapy must be performed in a manner consistent with generally accepted standards of practice, including but not limited to, aseptic techniques and standards of the center for communicable diseases.</p>

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MT	<p>Regulation finalized in 2016.</p> <p>(3) Licensed physical therapists who perform dry needling must be able to demonstrate they have completed training in dry needling that must meet the American Physical Therapy Association (APTA) GUIDELINES: STANDARDS OF QUALITY FOR CONTINUING EDUCATION OFFERINGS BOD G11-03-22-69 and/or the Federation of State Boards of Physical Therapists (FSBPT) STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES.</p> <p>(a) Dry needling courses must include, but not be limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.</p> <p>(b) Initial training in dry needling must include hands-on training, written, and practical examination as required by this rule.</p>
NC	<p>As of June 2012:</p> <p><b>Position:</b> Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that Intramuscular Manual Therapy (Dry Needling) is within the scope of practice of physical therapists. Intramuscular Manual Therapy is an advanced skill that requires additional training beyond entry-level education and should only be performed by physical therapists who have demonstrated knowledge, skill, ability, and competence as follows: Completion of an Intramuscular Manual Therapy course of study at a program approved by the Board with a minimum of 54 hours of classroom education, which must also include instruction in the clinical application of IMT (Dry Needling). Since Intramuscular Manual Therapy requires ongoing re-evaluation and reassessment, it is not in the scope of work for physical therapist assistants or physical therapy aides.</p>
NE	<p>A physical therapist who wished to perform tissue penetration for the purpose of dry needling must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Complete pre-service or in-service training. The pre-service or in-service training must include: <ol style="list-style-type: none"> <li>a. Pertinent anatomy and physiology;</li> <li>b. Choice and operation of supplies and equipment;</li> <li>c. Knowledge of technique including indications and contraindications;</li> <li>d. Proper technique of tissue penetration;</li> <li>e. Sterile methods, including understanding of hazards and complications; and</li> <li>f. Post intervention care; and</li> <li>g. Documentation of application of technique in an educational environment.</li> </ol> </li> <li>2. The training program shall require training to demonstrate cognitive and psychomotor skills. Also, the training program must be attended in person by the physical therapist.</li> <li>3. Maintain documentation of successful completion of training.</li> </ol>
OH	<p>11/2011 Currently working to identify general guidelines for determining competence.</p>
TN	<p>Found in Regulation:</p> <p>Mandatory Training - Before performing dry needling, a practitioner must complete educational</p>



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	<p>requirements in each of the following areas:            SS-7039 (November 2014) 2 RDA 1693</p> <p>(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in physical therapy school:</p> <ol style="list-style-type: none"> <li>1. Musculoskeletal and Neuromuscular systems;</li> <li>2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;</li> <li>3. Trigger Points;</li> <li>4. Universal Precautions; and</li> </ol> <p>(b) Twenty-four (24) hours of dry needling specific instruction.</p> <ol style="list-style-type: none"> <li>1. The twenty-four (24) hours must include instruction in each of the following six (6) areas:               <ol style="list-style-type: none"> <li>(i) Dry needling technique;</li> <li>(ii) Dry needling indications and contraindications;</li> <li>(iii) Documentation of dry needling;</li> <li>(iv) Management of adverse effects;</li> <li>(v) Practical psychomotor competency; and</li> <li>(vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol.</li> </ol> </li> <li>2. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling.</li> <li>3. Each course must be pre-approved or approved by the Board or its consultant, or the Board may delegate the approval process to recognized health-related organizations or accredited physical therapy educational institutions.</li> </ol>
UT	<p><b><i>Effective 5/13/2014</i></b>  <b>58-24b-505. Trigger point dry needling -- Experience required -- Registration.</b></p> <p>(1) A physical therapist may practice trigger point dry needling if the physical therapist:</p> <ol style="list-style-type: none"> <li>(a) has held a license to practice physical therapy under this chapter, and has actively practiced physical therapy, for two years;</li> <li>(b) has successfully completed a course in trigger point dry needling that:           <ol style="list-style-type: none"> <li>(i) is approved by the division; and</li> <li>(ii) includes at least 300 total course hours, including at least:               <ol style="list-style-type: none"> <li>(A) 54 hours of in-person instruction; and</li> <li>(B) 250 supervised patient treatment sessions;</li> </ol> </li> </ol> </li> <li>(c) files a certificate of completion of the course described in Subsection (1)(b) with the division;</li> <li>(d) registers with the division as a trigger point dry needling practitioner; and</li> <li>(e) meets any other requirement to practice trigger point dry needling established by the division.</li> </ol> <p>(2) The division shall make rules, in accordance with <a href="#">Title 63G, Chapter 3, Utah Administrative Rulemaking Act</a>, that establish:</p> <ol style="list-style-type: none"> <li>(a) the criteria for approving a course described in Subsection (1)(b); and</li> <li>(b) the requirements described in Subsection (1)(e).</li> </ol> <p>(3) The division may charge, in accordance with Section <a href="#">63J-1-504</a>, a fee for the registration described</p>

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	<p>in Subsection (1)(d).</p> <p>R156-24b-505. Trigger Point Dry Needling - Education and Experience Required - Registration.</p> <p>(1) A course approved by one of the following organizations meets the standards of Section 58-24b-505 if it includes the hours and treatment sessions specified in Section 58-24b-505:</p> <p>(a) American Physical Therapy Association (APTA) or any of its sections or local chapters; or</p> <p>(b) Federation of State Boards of Physical Therapy (FSBPT).</p>
VA	<p>Proposed Regulations have been published, but not finalized.</p> <p>Guidance Document 112-9</p> <p>Board of Physical Therapy Guidance on Dry Needling in the Practice of Physical Therapy</p> <p>Upon recommendation from the Task Force on Dry Needling, the board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:</p> <ul style="list-style-type: none"> <li>• Dry needling is not an entry level skill but an advanced procedure that requires additional training.</li> <li>• A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills.</li> <li>• The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention.</li> <li>• Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.</li> <li>• If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.</li> <li>• A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation:</li> </ul> <p>Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.</p>
WY	Regulations effective January 25, 2016:

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	<p>Chapter 7, Section 3. Evidence of competence; dry needling. (b) Licensed physical therapists shall demonstrate that they have received training in dry needling in a course approved by state boards of physical therapy, the American Physical Therapy Association or individual chapters of the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or the International Association for Continuing Education Training. (i) The course shall include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients. (ii) The course shall include a minimum of twenty-seven (27) hours of live face-to-face instruction. Online courses are not appropriate training in dry needling. (c) The physical therapist shall supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action taken by the Board.</p>

**Appendix C: Examples of Courses in Dry Needling (not a complete list)**

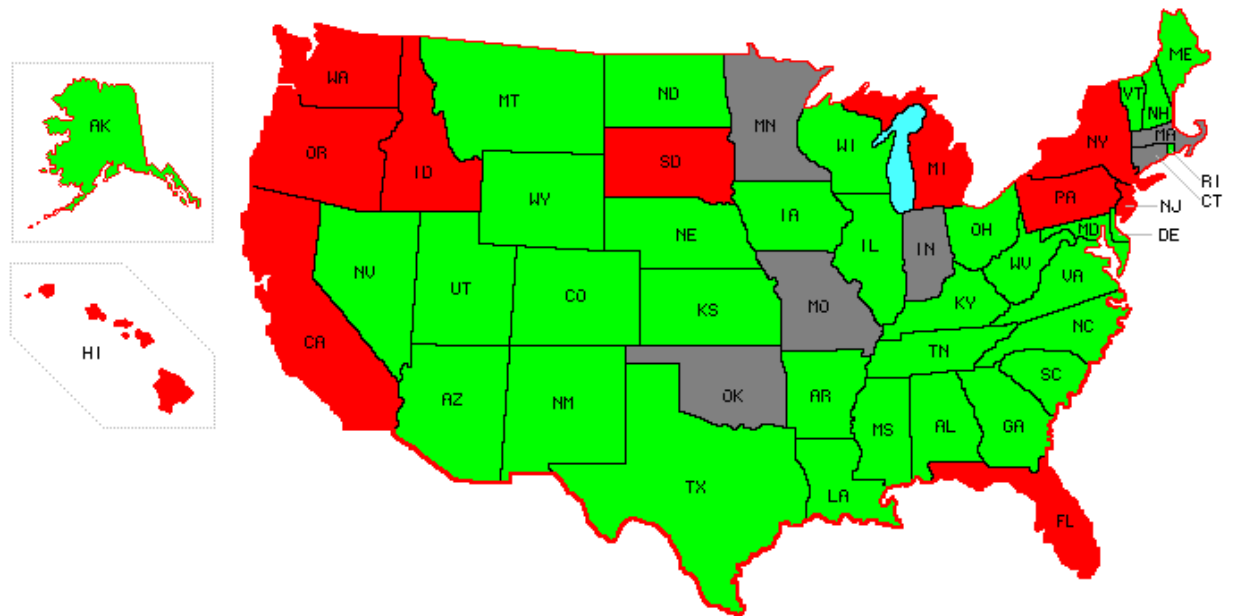
Course Title	Education Sponsor	Website
Trigger Point Dry Needling Level 1	Therapy Concepts	<a href="http://www.therapyconceptsinc.com/events.php#2">http://www.therapyconceptsinc.com/events.php#2</a>
Trigger Point Dry Needling Level 2	Therapy Concepts	<a href="http://www.therapyconceptsinc.com/events.php#2">http://www.therapyconceptsinc.com/events.php#2</a>
Systemic Integrative Dry Needling Course Pain Management, Sports and Trauma Rehabilitation		<a href="http://www.dryneedlingcourse.com/dry_needling_course.htm">http://www.dryneedlingcourse.com/dry_needling_course.htm</a>
Trigger Point Dry Needling Level I Training	GEMt – Global Education for Manual therapists	<a href="http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a>
Dry Needling Level 2 Training	Global Education for Manual therapists	<a href="http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a>
Dry Needling	Myopain Seminars	<a href="http://www.myopainseminars.com">www.myopainseminars.com</a>
DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling)	Spinal Manipulation Institute	<a href="http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal+Manipulation+Institute+2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005">http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal Manipulation Institute 2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005</a>

DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling)	Spinal Manipulation Institute	<a href="http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal+Manipulation+Institute+2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005">http://www.dryneedlingseminars.com/?utm_source=National+PT+List&amp;utm_campaign=42a600cd6b-Spinal Manipulation Institute 2010&amp;utm_medium=email&amp;utm_term=0_b80b4ebfeb-42a600cd6b-85739005</a>
DN Course 1	Doublee PT Education	<a href="http://www.doubleepteducation.com">http://www.doubleepteducation.com</a>
DN Course 2	Doublee PT Education	<a href="http://www.doubleepteducation.com">http://www.doubleepteducation.com</a>
Functional Dry Needling Part A: Introduction, History, Legislative Issues, and Basic Technique	Medbridge	<a href="https://www.medbridgeeducation.com/courses/details/functional-dry-needling-part-a">https://www.medbridgeeducation.com/courses/details/functional-dry-needling-part-a</a>
Integrated Trigger Point Dry Needling for the Lower Quarter	Evidence in Motion	<a href="http://www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/">http://www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/</a>
Integrated Trigger Point Dry Needling for the Upper Quarter	Evidence in Motion	<a href="http://www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/">http://www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/</a>
Dr. Ma's Certification in Dry Needling course for Pain Management and Sports Medicine	Dr. Ma's American Dry Needling Institute	<a href="http://dryneedlingcourse.com/schedule-and-registration">http://dryneedlingcourse.com/schedule-and-registration</a>
Certified Training Course	Dry Needling Institute	<a href="http://fishkincenter.com/dryneedlinginstitute/">http://fishkincenter.com/dryneedlinginstitute/</a>

## Appendix D: Dry Needling in the USA (map)

### 2017 Dry Needling in the USA

- - Allowed
- - Prohibited
- - Silent



Source: diymaps.net (c)

\*District of Columbia specifically allowed